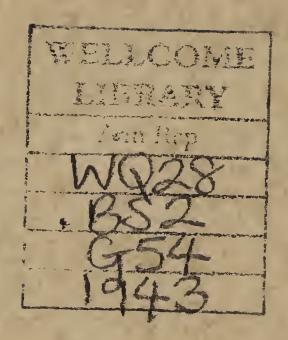


FOR THE YEAR

1943

THE GLASGOW ROYAL MATERNITY

AND WOMEN'S HOSPITAL





# The Glasgow Royal Maternity and Women's Hospital

# MEDICAL REPORT

For the Year 1943

Prepared by

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GLASGOW:

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# MEDICAL STAFF

#### YEAR ENDING DECEMBER 1943.

Honorary Consulting Obstetric Physicians.

A. N. McLELLAN, M.B., C.M., L.M., F.R.C.O.G.

J. M. MUNRO KERR, M.D., LL.D., F.R.F.P.S.G., F.R.C.O.G.

S. J. CAMERON, M.B., CH.B., F.R.F.P.S.G., F.R.C.O.G.

Honorary Consulting Physician. \* J. SALISBURY CRAIG, M.D.

Honorary Consulting Surgeon.

J. A. G. BURTON, M.C., M.B., CH.B., D.P.H., F.R.F.P.S.G., F.R.C.S.E.

Honorary Consulting Pathologist.

J. SHAW DUNN, M.A., M.D., M.SC.

Honorary Consulting Ophthalmic Surgeon.

A. J. BALLANTYNE, LL.D., M.D., F.R.F.P.S.G.

#### OBSTETRICAL STAFF.

Medical Director.

PROF. J. HENDRY, M.B.E., M.A., B.SC., M.B., CH.B., F.R.F.P.S.G., F.R.C.O.G.

Chief Obstetric Surgenon.

R. A. LENNIE, T.D., M.D., F.R.F.P.S.G., F.R.C.O.G.

Visiting Obstetric Surgeons.

D. F. ANDERSON, M.D., F.R.F.P.S.G., F.R.C.O.G.

A. BARR, M.B., CH.B., L.M., F.R.F.P.S.G., F.R.C.O.G.

J. HEWITT, M.B., CH.B., F.R.C.O.G.

Assistant Obstetric Surgeons.

\* W. C. ARMSTRONG, M.B., CH.B., F.R.F.P.S.G., F.R.C.O.G.

W. CLEMENT, M.B., CH.B., F.R.F.P.S.G., M.R.C.O.G.

D. M. HART, M.B., CH.B., F.R.F.P.S.G., M.R.C.O.G.

A. M. HUNTER, M.B., CH.B., F.R.C.O.G. (Acting). H. R. MACLENNAN, M.D., F.R.F.P.S.G., M.R.C.O.G. E. D. MORTON, M.B., CH.B., F.R.C.O.G.

\* H. STIRLING, M.B., CH.B., M.R.C.O.G.

Extra Assistant Obstetric Surgeons.

\* R. MURDOCH, M.B., CH.B., M.R.C.O.G.

A. M. SUTHERLAND, M.B., CH.B., F.R.F.P.S.G., M.R.C.O.G.

R. J. WOTHERSPOON, M.B., CH.B., M.R.C.O.G.

Visiting Anæsthetist—R. G. GRIEVE, M.B., CH.B. Resident Anæsthetist—E. B. COWAN, M.B., CH.B., D.A.

Resident Anæsinetisi—E. B. COWAN, M.B., CH.B., D.R.
Senior Resident Obstetric Officer—\*R. A. TENNENT, M.B., CH.B., M.R.C.O.G.
M. M. GARREY, M.B., CH.B., D.P.H., M.R.C.O.G. (Acting).

Honorary Physician for Infant Ailments—S. GRAHAM, M.D., M.C.P.S. (ONT.), F.R.F.P.S.G., M.R.C.P.

Assistant to Honorary Physician for Infant Ailments—F. J. FORD, M.D., F.R.F.P.S.G.

Director of Research—\*H. L. SHEEHAN, D.SC., M.D., M.R.C.P. A. M. STEWART, M.B., CH.B. (Acting).

Radiologist—G. J. WILSON, M.B., CH.B., D.P.H.

# HOUSE SURGEONS DURING THE YEAR 1943.

Dr. Alison Clarke.

Dr. JANE E. COOK.

Dr. Margaret C. S. Crockett.

Dr. Mary C. Fee.
Dr. Anne C. V. Greig.
Dr. Andrew B. Hay.

Dr. RUTH L. HENDERSON.

Dr. Mary M. Kirkland. Dr. Mary S. W. M'Callum.

Dr. Elizabeth A. Marshall.

Dr. MARJORY B. MILLER.

Dr. A. CRAWFORD MUIR.

Dr. Margaret B. C. Orr.
Dr. Millie M. J. Peralta.
Dr. Colin M. Steven.
Dr. Eleanor Tennant.

Dr. EDITH A. C. THOMSON.

Dr. CHALMERS WOOD.

\* War Service.

# ABBREVIATIONS.

A.C	-	-	-	After coming.
Adh. plac.	-	-	-	Adherent placenta.
A.R M	-	-	-	Artificial rupture membranes.
Br	-	-	-	Breech.
Cæs. Sect.	-	-	-	Cæsarean Section.
Conc. acc. hær	m.	-	-	Concealed accidental hæmorrhage
D.C	-	-	-	Diagonal conjugate.
Ext. acc. hæm	1.	-	-	External accidental hæmorrhage
F.F.O	-	-	-	Failed forceps outside.
Н.В.Р	-	-	-	High blood pressure.
I.U.D	-	-	-	Intra-uterine death.
L.O.P	-	-	-	Left occipito-posterior.
L.U.S	-	-	-	Lower uterine segment.
Med. ind.	-	-	-	Medical induction.
P	-	-	-	Pyrexia.
P.P	•	-	-	Post-partum.
P.P.H	-	-	-	Post-partum hæmorrhage.
P.J.R '	-	-	-	Promontory just reached.
P.U.O	-	-	-	Pyrexia of unknown origin.
Plac. prævia		-	-	Placenta prævia.
R.O.P	41	-	-	Right occipito-posterior.
R.P		-	-	Retroplacental.
S	-	-	-	Sepsis.
Surg. ind.	-	-	-	Surgical induction.
V	_	_	-	Vertex.

# PREFACE.

The Eighteenth Annual Medical Report of the Glasgow Royal Maternity and Women's Hospital has been arranged in much the same way as the previous one. The standard scheme of the Committee appointed by the Royal Society of Medicine has been followed as far as possible. The Medical Committee of the Hospital decided to issue the Report in its usual form this year, as a condensed report is rather valueless.

There are 174 beds in the Hospital—73 ante-natal, 75 post-natal, 15 for cases of abortion, and 11 isolation beds. In addition there are two labour wards with 9 and 6 beds respectively, and in the isolation block another labour room, with one bed. The Hospital is divided into three units, each consisting of ante-natal wards, labour ward and lying-in wards. Septic cases are transferred to the Isolation Hospitals of the Local Authority by arrangement with the Medical Officer of Health.

Each unit has the services of two House Surgeons, one for duties in the Hospital and the other for duties in connection with the work of the outdoor service of the Hospital. There is also a House Surgeon for the Isolation Wards, appointed for a period of three months. The House Surgeons are appointed for six months, the first three months being devoted to indoor duties and the second to outdoor duties.

As in previous years the Hospital has had the services of a Resident Anæsthetist and a Visiting Anæsthetist through the generosity of the trustees of Mr. Peter Coats.

Professor S. J. Cameron retired in June, 1943, after over 33 years on the Hospital Staff. Professor J. Hendry was appointed Regius Professor of Midwifery to Glasgow University and was also appointed Medical Director of the Hospital from October, 1943.

Dr. A. N. M'Lellan and Dr. A. M. Hunter have been assisting the Hospital Staff in the training of medical students and nurses.

The statistics for the year 1943 were as follows:—

Number of patients admitted,	-	4,794
Average daily number in wards,		157
Average residence in wards, (days	s)	11.9
Largest number of patients resident in one day	у,	184
Smallest number of patients resident in one day	у,	127
Number of infants born in Hospital, -	-	3,443
Number of infants born alive,	-	3,117
Number of infants born dead,	-	326
Number of infants died,	-	191
Maternal deaths (death rate 1.7 per cent.),	-	80
Maternal death rate per 1,000 live births, -	-	$25 \cdot 7$
Overflow patients accepted by Municipal Hospital	s,	28

An Ante-natal Clinic is attached to the Hospital, at which, in the past year, there were 19,207 attendances, and an Infant Consultation Clinic is run in conjunction at which there were 3,176 attendances.

Ante-natal cases are admitted to the Hospital from doctors in the city area, from Local Authority clinics, from the Hospital Ante-natal Clinic, and from certain outlying areas where there is no provision for Hospital treatment.

Emergency cases are admitted to the Hospital from doctors in the city area and in outlying districts where there are no adequate hospital facilities, and also from the Hospital outdoor service.

In all, 697 patients (14.5 per cent. of total admissions) were admitted from outwith the city.

During 1943 the Hospital outdoor service attended 2,756 women in their own homes. These are some particulars of the cases:—

Total visits paid,	-	-	-	-	-	- 43,471
Abnormal cases, -		-	-	-	-	- 146
Infants born, -	-	-	-	-	-	- 2,751
Infants born alive,		-	-	-		- 2,698
Maternal deaths, -	-	_	-	-	_	- 0

As in previous years the indoor cases have been divided into two categories for the purpose of this report.

# Category A.

Patients who had been under ante-natal supervision at the Hospital Clinic and who attended on at least two occasions before admission.

# Category B.

All other patients.

The number of cases in each category was as follows:—

Category A:					
Attending Hospital	Clinic,	-	- mary	~	- 2,075
Category B:					
Others,		-	-	-	- 2,719
	Total				- 4,794
	Total,	-	_	_	1,101

The total number of abnormal cases (including 1,922 ante-natal cases) was 3,259, i.e., 68.0 per cent. of all admissions. The high incidence of abnormal cases is explained partly by the fact that the Hospital serves a large industrial population where the incidence of rickets, malnutrition and overcrowding is high, and partly by the fact that some of the outlying areas send in abnormal cases only.

The special out-patient clinic for specific diseases has been temporarily discontinued since September, 1939, and patients are now treated at a Corporation Clinic.

Since 1935 a blood transfusion service has been maintained by the Hospital. During 1943 the Hospital transfusion service was incorporated in the West of Scotland Blood Transfusion Service. An Rн negative roll is being established and now contains almost 100 donors.

During the year the X-ray department has examined 557 patients, 336 of whom were in-patients and 221 out-patients.

During the year the work of the Dietetic department was continued under the supervision of Miss Cameron.

The dietary supervision of the ante-natal patients was carried on and 500 patients received special individual instruction in the past year. The resulting infant mortality rates give concrete evidence of the benefits which such patients have, in comparison with others not receiving this extra ante-natal care.

A newly appointed dietitian to the St. Mary's Hospital for Women and Children, Manchester, paid a short visit to this Hospital to study the Hospital practice.

Figures relating to the average values of the diets of 300 pregnant women were published in the Report of a Scientific Advisory Committee on Infant Mortality in Scotland, 1943.

The general pathological, bacteriological and bio-chemical work of the Hospital has been carried out under the direction of Dr. Stewart. Lieut.-Colonel Sheehan, who is still on active service, has maintained his close interest in the work of the department.

The laboratory technical staff has been further reduced from three to two, and for part of the year, the chief technician, Mr. Johnstone was carrying on alone. Despite this, the total amount of work done was somewhat greater than in the preceding year. This follows a rise in the Hospital admissions.

Dr. Hay has begun a series of investigations on the Rh. factor in human blood.

The number of medical students enrolled during the year for training in practical midwifery was 185. 115 nurses were enrolled for training for the Certificate of the Central Midwives' Board.

A list of abbreviations used in the Report will be found on page 4.

The medical staff have not been grouped in units as there have been many changes and rearrangements owing to wartime depletion.

# SUMMARY OF TOTAL CASES ADMITTED.

Category A.—Cases which had been under Ante-natal Supervision at Hospital Clinic.

	Supero	1030010 W		1					
1.	Delivered in hospital,	-	- >	-	-	-	-	-	1,645
2.	Died undelivered, -	-	-	-	-	-	-	-	3
3.	Abortions,	-	-	-	em	-	-	-	30
4.	Ectopic gestation, -	-	-	-	-	-	-	-	0
5.	Miscellaneous,	-	-	-	-	em.	-	-	397
,	,								
				${ m T}$	otal,	-	-	-	2,075
		Category	B.	—Othe	ers.				
1.	Delivered in hospital,	-	-	-	-	-	-	- (	1,716
2.	TO! 1 1.1'								11
<u> </u>	Died undelivered, -	-	-	-	_		_	**	TT
3.	Died undelivered, - Died, not pregnant,		-	-		-		-	1
3.	Died, not pregnant,	-					-	-	
	Died, not pregnant, Abortions,	-				-	-	-	1
3. 4. 5.	Died, not pregnant, Abortions, Ectopic gestation, -	-	-		-	-	-	-	1 323
3. 4.	Died, not pregnant, Abortions,	-	-		-	-	-	-	1 323 1
3. 4. 5.	Died, not pregnant, Abortions, Ectopic gestation, -	-	-	- - -	-	- - -	-	-	1 323 1 667
3. 4. 5.	Died, not pregnant, Abortions, Ectopic gestation, -	-	-	- - -	- - -	- - -	-	-	1 323 1 667

Grand Total, - - 4,794.

# ABNORMAL CASES.

# Categories A and B.

The following table shows abnormalities found in cases admitted during the year:—

						No	of Cases.
${f A}{ m bnor}$	mality.					A.	В.
Abscess (Bartholin's)		-	-	_	-	2	2
Appendicitis		-	•	-	~		1
Asthma		-	-	-	-	$\frac{2}{3}$	2
Bronchitis		- ,	-	-	-	3	13
Carcinoma of cervix		-	-	-	-		1
Chorea		-	-		-		$\frac{7}{c}$
Condyloma simplex	- 1:	-	-	-	-	5	$\frac{6}{2}$
Dermatitis and other sl	kin dise	ases	-	-	-	$\frac{1}{2}$	$\frac{2}{6}$
Diabetes		-	-	-	-		1
Disseminated sclerosis	-	-	•	•	-	_	1
Dysentry—flexner		-	- 1	-	-	1	1
sonne -		-	-	-	-	$\frac{1}{2}$	6
Epilepsy Fibroid		-		-	_	$\begin{bmatrix} 2 \\ 6 \end{bmatrix}$	$2\overset{\circ}{1}$
Fætal states, anenceph	alv -	_		_		$\frac{3}{8}$	$\frac{21}{22}$
cystic Hy		of ne	ok .	_	_	_	$\frac{-\overline{1}}{1}$
exomphal			-	_			1
feetal asc		_		_	-	$\frac{1}{2}$	4
hydrocep		-	-	_	_	$\frac{2}{3}$	17
meningoc		_	-	-	_	_	1
microcepl		-	_	_	-	_	1
mongol		-	_	-	-	1	,1
multiple	deformi	ties	-	-	-		,1 2
oxycepha		-	-	-	-	1	1
polycystic	kidney	7S -	-	-	-		1
spina bifi	ida -		-	-	-	4	4
Talipes		-	-	-	-	2	3
Glycosuria		~	-	-	-	13	3
Gonorrhea		-	-	-	-	1.	7
Hæmatoma of Vulva	- <b>-</b>	-	-	-	-	-	Ī
Hæmaturia		-	-	-	-	7.	5
Hydramnios		-	-	-	-	17	$\frac{23}{2}$
Hydronephrosis -		-	-	-	-		3
Hyperthyroidism -		-	-	-	-		3
Insanity (puerperal)		-	-	-	-	1	$\frac{2}{5}$
Mastitis (ante-partum)		•	-	-	-	1	1
Meningitis			-		~		1
Neuritis of pregnancy		-	-	•	-	1	4
Ovarian tumour - Phlebitis (ante partum)		•	-	-	-	$\frac{1}{5}$	3
Phlebitis (ante-partum)		-	-	-	, -	3	
Phlegmasia alba dolens Pleural effusion (non-tu		- 1	•	~	-		1
Pneumonia, influenzal		) -	,	•	•	1	1
Post encephalitic parking	eoniam	•	•	•	•	1	1
Renal Calculus -		-	-	-	-		1
Salpingitis		-		-	-		1
Scabies		_				14	29
Ct 1 121		_				3	7
Tuberculosis, pulmonary		-		_	_	3	$\dot{9}$
renal		_		_	-	1	

#### OBSTETRICAL CASES.

#### 1. VERTEX.

#### OCCIPITO-POSTERIOR.

In 58 cases there was an occipito-posterior position of the vertex. Three cases (see Nos. 476 and 3,572, under deaths) died. One case died of obstetric shock, following delivery; one case had eclampsia, and one case died of sepsis in 1944. The mortality rate was thus 5.3 per Of the infants born, 50 were born alive, but of these five died The causes of death were prematurity and cerebral hæmorrhage in two cases, prematurity and influenza in one case, multiple birth injuries and influenza in one case, and cerebral birth injury in one case. There were eight still-births, one of which was of a diabetes mellitus and mitral stenosis, and two cases following failure to deliver with the obstetric forceps before admission. Puerperal sepsis was noted in three cases and puerperal pyrexia in four cases, which gives a combined pyrexia and sepsis rate of 12.3 per cent. Among the total 58 cases there were 15 cases of hypertensive toxæmia, three of eclampsia, two with heart disease, two cases complicated by uterine fibroids, and one case with diabetes mellitus. There were four cases with contracted pelvis and one case of disproportion. Surgical induction of labour was performed in three cases. Unsuccessful attempt at delivery before admission had been made in three cases, but in one case a live child was obtained.

Comparative Table for previous 5 Years.

			No. of	Maternal		Child.		_   Maternal
	Year.		Cases.	Deaths.	A.	S.B.	D.	Mortality Rate.
1938 1939 1940 1941	- - -	-	191 171 107 96	4 3 2	146 140 91 80	6 8 5 13	$\begin{array}{c} 42 \\ 23 \\ 12 \\ 3 \end{array}$	2.1 per cent. 1.8 ,, 1.9 ,, 1.1 ,,
1941	-	-	96	$\frac{1}{2}$	80	13	3	2.1 ,,

# MALPRESENTATIONS.

1. Vertex. Occipito-Posterior.

Tables showing Mode of Delivery and Result.

Primipara.

	.sis	Sep	-	111	
	.sixe	Pyre			
	•4d5	9iA	1 9	1.0	13
B.	I		- 01	a a ë	9
ory		D.		-	
Category B	Child	S.B.	21	1 1 1	ಣ
C		A.	10	-00	15
	Mother.	D.		111	<u>01</u>
	Mot	A.	10	- 61 m	17
	.sia	dəS	-		H
•	.six	Pyre	m	-	4
	*14;	giA	12	21	14
	.Jl	9.I	9	ಣ	6
ا نر		D.	1 60	1 1	ಣ
ry A	Child	S.B.			ಣ
Category		A. D. A. S.B.	14	1 2	17
Ca	her.	D.		1	
	Mother.	A.	17	9.00	22
	) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Mode of Denvery.	Craniotomy	forceps Spontaneous, face to pubis - Forceps, face to pubis	Totals -

Multipara.

	1 11	1
	1 11	1
	7 2 3	9
·.		4
ory B	"	_
ategory	ea	67
Ë	4 2 1	1
	1 1 1	
	6 3	10
	-	-
	3	4
	-  -	63
•	,	
ry A		
Category	4   3	9
Ca	1 1 1	1
	4   61	9
	Manual rotation, forceps - Spontaneous long rotation, spontaneous - Spontaneous, face to pubis -	Totals -

Tables showing relation of Mode of Delivery to Weight of Child and Duration of Labour.

Primiparæ.

	1	rs.			i	1
	ps.	Over 24 hours.		-	1	————  41
	Over 8 lbs.	12-24   hours			1	
	0,	Under 12 hours				
, В.	ž.	Over 24 hours		-	-	<b>I</b>
Category B.	7 - 8 lbs.	12-24 hours				
Cat		Under 12 hours				
	·se	Over 24 hours	4	-	_	9
	Under 7 lbs.	12-24 hours		11	1	П
	Unc	Under 12 hours	-			1
	**	Over 24 hours	4		-	9
	Over 8 lbs.	12-24 hours				
	0v	Under 12 hours	-			1
		$\begin{array}{c c c c c c c c c c c c c c c c c c c $	9		1	9
	7 - 8 Ibs.	12-24 hours				
y A.	2 .	Under 12 hours	1 1	1	1	
Category A.	δ.	Over 24 hours	7	1 1	-	8
Ca	Under 7 lbs.	12-24 hours			1	
	Und	Under 12 hours			_	-
		Mode of Delivery.		Spontaneous long rotation, forceps Spontaneous, face to pubis	Forceps, face to pubis	Totals -

-	
4	4
-	H
-	, –
-	-
-	_
-	1
-	7
01	ગ
	જા
spontaneous long rotation, spontaneous sontaneous, face to pubis anual rotation, forceps -	Totals -
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

Multiparæ.

#### 2. Breech.

In 357 cases there was a breech presentation, 143 of which had been under ante-natal supervision at the hospital clinic. There were 184 in primigravidæ and 173 in multigravidæ. There were eight maternal deaths (see Nos. 1944, 2814, 2855, 3243, 3704, 3784, 3794, and 4598 under deaths). Two cases died of eclampsia, one of them complicated by sepsis; one case died of retained placenta and post-partum hæmorrhage; one case died of secondary post-partum hæmorrhage following uterine sepsis after cæsarean section; one case died of hæmorrhage and shock following a cervical tear and incomplete rupture of uterus following spontaneous delivery; one case died of rupture of the uterus (the child had hydrocephalus and was born to the head before admission); one case died of pulmonary embolism following cæsarean section; and one case with heart disease died of bacterial endocarditis. The maternal mortality rate was 2·2 per cent.

There were 28 cases of twins, and of these, both presented as breech in seven cases. There were two cases of triplets, all infants presented by the breech in one case, and two in the other.

The total number of births was 292. Of these 61 were still-born and 23 died; 30 still-births occurred in primiparæ and 31 in multiparæ; ten infants were hydrocephalic, three were anencephalic, two had gross cranial deformities, two had spina bifida, two suffered from hydrops fætalis, and one had polycystic kidneys. In eight cases still-birth was due to prolapsed cord. In one case a normal child was born to the head before admission. In ten cases the mother suffered from hypertensive toxæmia, in two cases from eclampsia, in one case from mixed accidental hæmorrhage, in one case from central placenta prævia, and in one case from syphilis.

There were 23 neo-natal deaths, 14 in primiparæ and nine in multiparæ. Death was due to prematurity in ten cases, three of which were associated with influenza; to cerebral hæmorrhage in four cases, to cerebral birth injury in four cases, to multiple hæmorrhages in one case, to atelectasis in one case, to asphyxia pallida in one case, and in two cases to pneumonia, one of which was associated with influenza.

26 cases were delivered by Cæsarean section, nine by the classical operation and 17 by the lower uterine segment approach. In eight cases the indication for operation was contracted pelvis; in two cases placenta prævia; in four cases elderly primigravidæ; in two cases bad obstetric history; in one case pendulous abdomen; in six cases breech presentation; and in three cases delayed labour.

Comparative Table for previous 5 Years.

					Total	Maternal		Child.		Maternal Mortality Rate
		Year.			Cases.	Deaths.	A.	S.B.	D.	per cent.
1938 1939 1940 1941 1942	- - - -	- - - -	- - -	-	349 358 356 330 330	7 6 6 5 2	192 216 203 187 249	71 62 58 51 49	26 24 22 42 22	$ \begin{array}{c c} 2.0 \\ 1.7 \\ 1.7 \\ 1.5 \\ 0.6 \end{array} $

	.sis	$_{ m S}$		3						
	.six	Буле		5				1	2	
, B.		Died.		111		4     21     1			7	s (once).
Category	Child.	S.B.	сь то 4 то	17		10 10 1	1:11		21	triplets
C3		Alive.	2 to	61		10 1 10 8 %	12	22	55	(twice) and
	Mother.	D.	3	3	a.	0   1		-	4	1
	Mot	Α.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	16	Multiparæ.	162 22 24   22	131   41	20 22	91	Twins
	.sis	Sep		1	b) Mul	-			1	-[
	.six	P77'e		3		-			-	
y A.		Died.		3					21	(twice).
Category	Child.	S.B.		13		_ ro w		, I I I	10	Twins (t
0		Alive.	449000 - 1   4m   m	40		~ 6 n n o	42   tc	L 4	52	<b>T</b>
	her	D.							1	
	Mother	A.		65		o 4 4 4 4 4 1 c	24   m 01   10   m	- m m	77	÷
	Mode of Delivery.		Spontaneous (uncomplicated) Spontaneous (complicated) Manual (uncomplicated) Spontaneous version, spontaneous Spontaneous version (forceps) Spontaneous version (cæsarean section) External version (spontaneous) External version (forceps) External version (forceps) External version (indelivered) Cæsarean section Undelivered	Totals		Spontaneous (uncomplicated) Spontaneous (complicated) Manual (uncomplicated) Spontaneous version (spontaneous) Spontaneous version (cæsarean section	External version (undelivered) External version (forceps) - External version (casarean section) External version (undelivered) - Bipolar cephalic version			* Twins (once).

(a) Primigravidæ.

#### 3. FACE AND BROW.

There were 21 cases of face and brow presentation, four of these being in Category A and 17 in Category B. There were no maternal deaths. There were five still-births; in one of these cases, craniotomy was performed after the death of the fœtus; one case was associated with mixed accidental hæmorrhage, and the other three occurred during labour.

Categories A and B.

Mode of Delivery.	Mo	ther.		Child	9	Pyrexia	Sepsis.
	A	D	A	S.B.	Died.	Py	, ,
			 ]	 	<u>'</u>	<u></u>	
Spontaneous	$\frac{11}{2}$		10	$\frac{1}{1}$			
Face, forceps	$\frac{2}{2}$	_	1				
Brow, correction to vertex, forceps -	2			2			
Brow, forceps	1		1	_			
Brow, interbal version, manual breech -	1				L		
Brow, lower uterine segment, cæsarean							
section	3		3			_	*******
Brow, craniotomy	1			1			
Totals	21	_	15	5	1		******

Comparative Table for previous 5 Years.

								No. of	Maternal		Child.	
			7	Year.				Cases.	Deaths.	A.	S.B.	Died.
1938	-	-	-	-	-	-	-	23	1	12	8	3
1939	-	-	-	-	-	-	-	31		18	13	
1940	-	-	-	-	-	-		21		10	9	2
1941	-	-	-	-	-	-	-	18	1	10	5	3
1942	-	-	-	-	-	-	-	15		12	3	***************

# FACE AND BROW PRESENTATIONS.

# A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg. No.	Age.	Parity.	A Maturity at Belivery.	u Duration of	Mode of Delivery.	Weight of Child.	M.	Ch.	Pyrexia or Sepsis.	Remarks.
$     \begin{cases}       288 \\       2178 \\       2847     \end{cases} $	23 40 —	3	40 36 40	$\frac{18\frac{1}{2}}{120}$	Spontaneous Undelivered Craniotomy	$\begin{array}{c c} 6\frac{3}{4} \\ \hline 8\frac{1}{2} \end{array}$	A A A	$\frac{A}{SB}$	_	Face. High blood pressure. Brow. Feetal death during labour. Retained placenta, manual re-
<b>√</b> 1900	37	5	39		Undelivered		A			moval of placenta. Cardiac (mitral). Breech. Ext. version.
2925	21	1	40 40	$\begin{vmatrix} 6 \\ 15 \end{vmatrix}$	Spontaneous L.U.S. section	$\begin{array}{c c} 7 \\ 6\frac{3}{4} \end{array}$	A	A	_	Facc. Brow.

Mothers—4 alive, 0 died. Infants—3 alive, 1 still-born.

# B.—Others.

										I
∫101	24	6	26		Undelivered		A			Threatened abortion.
$\begin{cases} 580 \end{cases}$			38	$\frac{-}{11\frac{1}{2}}$		$\frac{-}{5\frac{3}{4}}$	A	A		Face.
$\frac{132}{132}$	$\frac{-}{40}$	11	40	8	Spontaneous		$\begin{array}{c} A \\ A \end{array}$	SB		Brow. Corrected. Mixed
154	40	11	40	8	Mid forceps	7	A	DD		
										acc. hæm. Sur. ind.
0	6=		10	_	~ .	- 0				A.R.M. Blood trans.
257	37	3	42	7	Spontaneous	$7\frac{3}{4}$	A	A		Face.
449	42	7	40	12	L.U.S. section	7	A	A		Brow.
462	31	2	39	19	Spontaneous	$7\frac{3}{4}$	A	A		Face. Phlegmasia.
527	27	1	37	8	Spontaneous	$7\frac{1}{2}$	A	SB	—	Face. Ante-natal
	ĺ					_				mastitis.
661	24	2	41	31	Spontaneous	$8\frac{1}{2}$	A	A		Face. Hyp. toxæmia.
673	32	1	41	29	Mid forceps	$7\frac{1}{2}$	A	SB		Face.
ſ 874	26	3	40		Undelivered		A	_		False labour.
<b>\( \)</b> 947			40	13	Mid forceps	ક	A	A		Brow. Correction im-
		1			1				}	possible.
1399	27	2	41	$22\frac{1}{2}$	Spontaneous	$8\frac{1}{2}$	A	A		Face.
1885	$\overline{21}$	1	43	$\frac{-2}{36}$	Low forceps	$6\frac{1}{2}$	A	A	·	Face.
1930	$\frac{1}{28}$	î	40	48	Spontaneous	$6\frac{3}{4}$	A	A	ł	Face. Hyp. toxæmia.
$\frac{1000}{2217}$	29	3	$\frac{10}{42}$	8	Spontaneous	$7\frac{4}{3}$	A	A		Face. Child had talipes.
2359	$\frac{1}{34}$	3	42	17	Mid forceps	$ \begin{array}{c c} 6\frac{3}{4} \\ 7\frac{3}{4} \\ 6\frac{3}{4} \end{array} $	A	SB		Brow. Corrected to V.
3163	37	$\frac{3}{2}$	40		L.U.S. section	8	A	A		Brow.
3700	41	7	40	9	Manual	$9\frac{1}{4}$	A	$\tilde{\mathrm{D}}$		Brow. Hy. toxæmia.
3100	TT	•	1 10		breech	94	2.3.	10		C.P. D.C. $4\frac{1}{4}$ . Int.
					breech					podalic version. Child
					,				1	died with a tentorial
										tear and cerebral
	-									hæmorrhage, compli-
00==	0.0		4.3	20		H 3	A	1		cated by influenza.
3975	33	4.	4.1	20	Spontaneous	$7\frac{3}{4}$	A	A	_	Face.
										T

#### 4. Shoulder Presentation.

There were 44 cases of shoulder presentation during the year. There were two maternal deaths (see Nos. 1625 and 4149 under deaths). Both cases died following rupture of the uterus. Fourteen infants were still-born, and four died (infantile mortality, 40.0 per cent.). There were two cases of sepsis and two of pyrexia.

]	Mode o	of Deli	very.			Mot	D.	A.	Child.	D.	Pyrexia.	Sepsis.
Spontaneous - Manual breech Cæsarean section Forceps Decapitation -	- - - -	- - - -	-	-	- - - -	23 11 5 2 1		15 6 *5 1	$\begin{bmatrix} 6 \\ 5 \\ -1 \\ 2 \end{bmatrix}$	2 1 1 —		
	Tota	ls -	-	-	-	42	$\begin{vmatrix} -1 \\ 2 \end{vmatrix}$	27	14	4	2	2

<sup>\*</sup> Twins (once).

# Comparative Table for Previous 5 Years.

							No. of	Maternal		Child.	
			Year	•			Cases.	Deaths.	A	S.B.	D.
1938	-		-	**	-	_	44		16	22	3
1939	_	-	-	-	-	-	40	1	18	17	0
1940	-	-			-	•	42	1	22	18	$\frac{2}{2}$
1941	**	-	-	-	-	-	34	1	17	13	2
1942	••	-	-	-	-	-	44	1	24	15	2

# SHOULDER PRESENTATION.

# A.—Cases under Ante-natal Supervision at Hospital Clinic.

-						$\sim \alpha_I$			at 1	10spilat Cillic.
Reg.	Age.	Parity.	Maturity at Delivery.	Duration of Labour.	Mode of Delivery.	Weight of Child.	Re	esult.	Pyrexia or Sepsis.	Remarks.
			wks	hrs.	6	lbs.	M.	Ch.	Pyr	
448	38	3	38	8	Mid forceps	8\frac{3}{4}	   A	A		C.P. D.C. $4\frac{1}{4}$ ". Shoulder.
					Lizier zer Gelps	<b>4</b>	A. 3.			Ext. version. Compound presentation (arm and vertex).
1007	37	11	40	26	Spontaneous breech	$7\frac{3}{4}$	A	A	_	Prolapsed arm. Internal podalic version.
1038	38	6	41	4	Spontaneous	$6\frac{3}{4}$	A	A	Р	Ext. cephalic version. Surg. ind. A.R.M.
1338 1858	$\begin{bmatrix} 36 \\ 20 \end{bmatrix}$	$\frac{2}{2}$	$\begin{vmatrix} 40 \\ 31 \end{vmatrix}$	$-\frac{4\frac{1}{2}}{}$	L.U.S. section Spontaneous	$8\frac{3}{4}$ $4\frac{1}{4}$	A	$\left  egin{array}{c} \mathbf{A} \\ \mathbf{D} \end{array} \right $	_	Pyrexia (urinary). Hypertensive toxæmia.
1000	20	2	. 01	12	breech	$\frac{4}{4}$	$\Lambda$			Ext. podalic version. Infant died of prematurity.
2095	33	2	39	24	Spontaneous	$5\frac{3}{4}$	A	A	—	Hyp. toxæmia. Surg. ind A.R.M.
$\begin{cases} 2050 \\ \end{cases}$	23	1	36		Undelivered		A	_		Breech. Spontaneous version.
(2148)			41	36	Mid forceps	$8\frac{1}{4}$	A	SB		Ext. cephalic version. Surg. ind. A.R.M.
2000					,					Deep transverse arrest. Manual rotation.
2099	30	4	36	3	Spontaneous breech	5	A	SB	_	Twins. (1) Shoulder. Prolapsed cord. Cord
										replaced. Int. podalic version. (2) Breech—spontaneous.
$\begin{cases} 2149 \\ \end{cases}$	26	5	40		Undelivered	-	A		-	Spontaneous correction. Ventral hernia.
2976	_	-	44	_	Class. cæs. section	$9\frac{3}{4}$	A	A	Р	P.U.O.
2247	27	2	43	$8\frac{1}{2}$	Spontaneous breech	$6\frac{1}{4}$	A	A		Ext. cephalic version. Surg. ind. A.R.M. Spontaneous reversion
∫2617	27	3	37	_	Undelivered	_	A		_	to breech. Spoutaneous correction.
2975 3164	33	$\frac{}{2}$	$\begin{vmatrix} 40 \\ 39 \end{vmatrix}$	$\begin{vmatrix} 10\frac{1}{2} \\ 13 \end{vmatrix}$	Spontaneous Spontaneous	$   \begin{array}{c c}     7\frac{1}{2} \\     7\frac{1}{4}   \end{array} $	$\begin{bmatrix} A \\ A \end{bmatrix}$	$\begin{bmatrix} A \\ A \end{bmatrix}$		Renal glycosuria. Hyp. toxæmia. External
	0.0									cephalic version. Surg. ind. A.R.M.
3258	39	5	39		Class. cæs. section	$     \begin{array}{c c}       7\frac{1}{4} \\       88\frac{1}{4}     \end{array} $	A	D & A	_	Twins. Both shoulder. (1) Mongol. Died of
3287	39	2	35	$7\frac{1}{2}$	Manual breech	$5\frac{1}{4}$	A	A	_	pneumonia. Part. plac. prævia. Ext. cephalic version. Re-
										cephalic version. Recurrence of shoulder. Int. podalic version.
$ \begin{cases} 3438 \\ 3880 \end{cases} $	27	$\begin{array}{c c}2\\-\end{array}$	$\begin{bmatrix} 33 \\ 40 \end{bmatrix}$	$\frac{10}{10}$	Undelivered Manual	$\begin{bmatrix} -5\frac{3}{4} \end{bmatrix}$	A A	${A}$		Twin pregnancy. Twins. (1) Breech, spon-
					breech					taneous; (2) shoulder, int. podalic version.

Reg.	Age.	Parity.	Maturity at Selivery.	Duration of salabour.	Mode of Delivery.	sq Weight of Child.	М.	Ch.	Pyrexia or Sepsis.	Remarks.
4000	33	2	41	32	Spontaneous	$\boxed{5\frac{3}{4}}$	A .	A .		Hyp. toxæmia. Kyphotic spine. Spontaneous correction of shoulder. O.P., face to pubis.
4059	20	1	36	19	Manual breech	$5\frac{1}{2}$	A	A		Hyp. toxæmia. Twins. (1) Vertex-spontaneous. (2) Shoulder—internal podalic version.
4149	30	4	39	$7\frac{1}{2}$	Manual breech	$ 5\frac{1}{2} $	D	D	S	Shoulder. Spontaneous correction. Surg. ind. A.R.M. Recurrence of shoulder. Int. podalic version. Rupture of uterus. Peritonitis. Child died of prematurity and cerebral hæm.
$\begin{cases} 4278 \\ 4355 \end{cases}$	27	3	37 40	$-\frac{1}{2^{rac{1}{2}}}$	Undelivered Spontaneous	$\frac{-}{6\frac{3}{4}}$	A A	A		Ext. version.

Mothers—18 alive, 1 died.

Infants—15 alive, 2 still-births, 3 died. 1 sepsis. 2 pyrexia.

# B.—Others.

168	31	4	36	$13\frac{1}{2}$	Manual breech	$5\frac{1}{2}$	A	SB		Twins. (1) Shoulder, prolapsed cord. Int. podalic version. (2) Ver-
429	32	7	39	20	Manual breech	$7\frac{1}{2}$	A	SB	-	tex, int. podalic version.  Hyp. toxæmia. Twins.  (1) B.B.O. (2) Shoulder.  Int. podalic version.
566	19	1	35	2	Spontaneous	$2\frac{1}{2}$	A	SB		Anencephaly.
633	35	11	40	14	Spontaneous	$\tilde{9}$	A	A	_	Ext. cephalic version.
										Surg. ind. A.R.M.
$\int 712$	31	2	36		Undelivered		A			Ext. ccphalic version.
<b>\( 887</b>	-		39	17	Spontaneous	$5\frac{3}{4}$	A	SB		Hyp. toxemia.
732	39	3	40	3	Spontaneous breech	$8\frac{1}{2}$	A	A	_	Shoulder. Ext. cephalic version. Recurrence of shoulder. Surg. ind. A.R.M. Int. podalic version.
$\begin{cases} 995 \\ 1282 \end{cases}$	32		35 39		Undelivered Cæsarean hysterec- tomy	$\frac{-}{8\frac{1}{4}}$	A A	A	_	Fibroid. Breech presentation.

Reg. No.	Age.	Parity.	Maturity at Delivery.	Duration of labour.	Mode of Delivery.	Weight of Child.	Re	sult.	Pyrexia or Sepsis.	Remarks.
			wks.	hrs.		lbs.	M.	Ch.	Py S	
1035	27	2	41	$14\frac{1}{2}$	Spontaneous breech	$5\frac{3}{4}$	A	A		Int. podalic version.
1357	32	5	40	1	Spontaneous	$6\frac{1}{4}$	A	A		Hyp. toxæmia. Surn. ind. A.R.M. Ext.
1374	32	1	28	$8\frac{1}{2}$	Manual breech	$7\frac{3}{4}$	A	SB		cephalic version. Prolapsed cord. Internal
1625	35	2	36	84	Decapitation	$5\frac{3}{4}$	D	SB	S	podalic version. Mixed acc. hæm. Rup- ture of uterus.
1731	41	6	39	18	Spontaneous breech	8	A	SB	_	Int. podalic version.
1767	41	. 1	34	10	Spontaneous	3	A	D		Fibroid. Spontaneou. evolution. Infant died
2554	22	2	40	$4\frac{1}{2}$	Spontaneous	$8\frac{1}{4}$	A	A		of prematurity. Twins. (1) V. spontaneous. (2) Shoulder.
2693 2717	39 34	3	40 40	$\begin{bmatrix} 3\frac{1}{2} \\ 4 \end{bmatrix}$	Spontaneous Spontaneous	$\begin{array}{c} 6\frac{3}{4} \\ 6 \end{array}$	A A	A SB		Ext. cephalic version. Ext. cephalic version. Twins. (1) V. B. B. O. (2) Shoulder. Prolapsed cord. Spontaneous
2895	42	9	32	$11\frac{1}{2}$	Spontaneous breech	$3\frac{1}{2}$	A	SB		evolution. Mixed acc. hæm. Int.
${2961 \atop 3336}$	33	2	34 40		Undelivered Class. cæs.	$\frac{-}{7\frac{1}{2}}$	A A	${A}$		podalic version. C.P. D.C. $4\frac{1}{8}$ ".
3365 3481	22 27	3 4	40 40	$18\frac{1}{2}$ $12\frac{1}{2}$	section Decapitation Spontaneous breech	$\begin{array}{c c} 6 \\ 6\frac{1}{2} \end{array}$	AA	$\begin{bmatrix} \mathrm{SB} \\ \mathrm{A} \end{bmatrix}$	_	Int. podalic version.
4097	37	5	40	$12\frac{1}{2}$	Manual breech	$8\frac{3}{4}$	A	SB		Prolapsed cord. Internal
4214	35	6	40	13	Manual breech	$8\frac{1}{4}$	A	$\mathbf{A}$		podalic version. Hyp. toxæmia. Internal
4637	40	3	41	15	Manual breech	10	A	SB		podalic version.  Hyp. toxæmia. Internal
4727	25	2	40	12	Manual breech	6	A	A		podalic version. Prolapsed cord. Int.
4731	29	2	40	13	Manual breech	$7\frac{1}{4}$	A	A	_	podalic version.  Prolapsed cord. Internal podalic version.
		-								

Mothers—24 alive, 1 died.

Infants—12 alive, 12 still-born, 1 dicd. 1 sepsis.

#### 5. Compound Presentation.

There were 12 cases of compound presentation. There were no maternal deaths. Six infants were still-born and one died. The infantile mortality was thus 58·3 per cent.

A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg.	Age.	Parity.	Maturity at Delivery.	Duration of Labour	Mode of	Weight of Child.	Res	sult	rexia or Sepsis.	Remarks.			
No.	1150.	Pal	Mat Del	1	Delivery.	lbs.	М.	Ch.	Pyrexia Sepsi				
488	38	3	38	8	Mid forceps	834	A	A		C.P. D.C. $4\frac{1}{4}$ ". Shoulder. Ext. version. Prolapsed arm in vertex presentation.			
1834	44	4	$\frac{1}{38}$	$oxed{2}$	Spontaneous breech	6	A	A	_	tation. Arm replaced. Vertex and hand. Bi- polar podalic version.			
2552	30	1	31	8	Mid forceps	4	A	SB		Cardiac (mitral). Diabetes mellitus. Surg. induct. A.R.M. Vertex, arms and foot. Limbs replaced. L.O.P. (face to pubis).			
4748	35	2	37	$7\frac{1}{2}$	Low forceps	5	A	A		Twins. (1) Vertex (spontaneous). (2) Vertex and foot. Foot replaced.			
4750	28	3	39	15	Low forceps	$8\frac{1}{4}$	A	A		Vertex and hand. Hand replaced.			

Mothers—5 alive, 0 died. Infants—4 alive and 1 still-born.

B.—Others.

213	33	5	38	$15\frac{1}{2}$	Manual breech	$7\frac{1}{4}$	A	SB		Face, hand, foot and cord. Int. podalic
1176	32	1	41	12	Mid forceps	$6\frac{3}{4}$	A	SB	_	version. Face and shoulder. Prolapsed cord. Manual correction.
1672	37	1	39	70	Spontaneous	$7\frac{1}{4}$	A	SB	P	Fibroid. Vertex and hand. P.U.O.
2131	24	3	39	10	Spontaneous breech	$6\frac{3}{4}$	A	A	_	Vertex, hand and cord. Int. podalic version.
3439	34	4	38	29	Spontaneous	$6\frac{1}{2}$	A	SB		Vertex and hand. Hand replaced.
4340	19	1	39	33	Manual breech	$4\frac{1}{4}$	A	D		Vertex and arm. Bipolar podalic version. Infant died of prematurity.
4668	32	3	40	84	Spontaneous	$5\frac{1}{2}$	A	SB		Prolapsed cord. Vertex and hands. Face to pubis.

Mothers—7 alive, 0 died.

Infants—1 alive, 5 still-born, 1 died.

#### 6. Prolapsed Cord and Cord Presentation.

There were 46 cases of prolapsed cord and cord presentation. There were no maternal deaths. Thirty-one infants were still-born and 2 died (infantile mortality, 71.7 per cent.). There were no cases of pyrexia.

A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg.	Age.	Parity.	Maturity at Delivery.	Duration of Labour.	Mode of Delivery.	Weight of Child.	Re	sult.	Pyrexia or Sepsis.	Remarks.
	1	-	wks.	hrs.		lbs.	1	1		
$\frac{43}{397}$	22 28	$\frac{2}{1}$	40 37	$\begin{array}{c c} 9\frac{1}{2} \\ 20 \end{array}$	Mid forceps Spontaneous	$\begin{bmatrix} 9 \\ 6\frac{3}{4} \end{bmatrix}$	A A	SB SB	<u> </u>	Breech. Ext. version.
1049 1352	31 27	3 9	37 33	15 30	Low forceps Spontaneous	$egin{array}{c} 7 rac{1}{2} \ 5 rac{1}{2} \end{array}$	A A	SB A	<u> </u>	Cord replaced. Cord replaced. Breech. Cord replaced.
1737 2099	29 30	2 4	40 36	$\begin{array}{c} 12\frac{1}{4} \\ 3 \end{array}$	breech Spontaneous Spontaneous breech	$\begin{bmatrix} 6\frac{1}{2} \\ 5 \end{bmatrix}$	A A	SB SB		C.P. D.C. 4". Twins. (1) Shoulder. Cord replaced. Internal
2588	22	1	34	14	Mid forceps	6	A	SB		podalic version. (2) Breech, spontaneous.
$\begin{array}{c} 3185 \\ 3735 \end{array}$	$\begin{vmatrix} 34 \\ 27 \end{vmatrix}$	$\frac{4}{2}$	$\begin{vmatrix} 34 \\ 37 \end{vmatrix}$	$\frac{5}{10\frac{1}{2}}$	Spontaneous Manual	$egin{array}{c} 4rac{1}{2} \ 4rac{3}{4} \end{array}$	${ m A} \over { m A}$	SB   SB		Partial placenta prævia. Ext. acc. hæm. Breech.
0100	ا ت	4	01	102	breech	14	Λ	שט		Cord replaced.
3790	42	7	41	12	Spontaneous breech	8	A	SB	-	Breech. Hyp. toxæmia. Surg. ind. A.R.M.

Mothers—10 alive.

Infants—1 alive, 9 still-born.

B.—Others.

168	31	4	36	$13\frac{1}{2}$	Manual breech	$\boxed{5\frac{1}{2}}$	A	SB		Twins. (1) Shoulder. Int. podalic cersion. (2) Vertex. Int. podalic version.
170	31	7	40	33	Manual	$10\frac{1}{4}$	A	D		Breech. Child died with
213	33	5	38	$15rac{1}{2}$	breech Manual breech	$7\frac{1}{2}$	A	SB	—	multiple hæm. Compound (face, hand, foot and cord). Int.
244	38	8	41	20	Spontaneous	81	A	SB		podalic version. Cord replaced.
$\frac{267}{267}$	33	4	41	81	Spontaneous	7	A	A		Cora replaced.
418	23	î	33	$14^{2}$	Manual	$4\frac{3}{4}$	A	SB		Breech presentation.
110					brecch	-4	11	10.15		Diecon presentation.
1118	32	8	42	15	Low forceps	7	A	A		
1143	24	1	36	36	Spontaneous	5	A	A		Cord replaced.
1176	32	1	41	12	Mid forceps	$6\frac{3}{4}$	A	SB	_	Compound (face and
					1	4				shoulder).

Reg.	Age.	Parity.	Maturity at Delivery.	Duration of labour.	Mode of Delivery.	Weight of Child.	Res	sult.	Pyrexia or Sepsis.	Remarks.	
- 054		1	wks.			lbs.	<u> </u>				
1374	32	1	28	$8\frac{1}{2}$	Manual breech	$7\frac{3}{4}$	A	SB	—	Shoulder. Int. podalic version.	
1520	32	3	41	11	Spontaneous breech	$8\frac{1}{2}$	A	SB	—	Int. podalic version.	
1579	28	4	40	28	Perforation	8	A	SB			
1583	20	1	40	$21\frac{1}{2}$	and forceps Manual	8	A	SB		Hyp. toxæmia. Breech.	
1749	35	3	39	8	breech Spontaneous	7	A	SB		Spina bifida. Int. podalic version.	
1969	40	4	30	2	breech		A		Twins. (1) Breech, pro- lapsed cord. (2) Breech		
2131	24	3	39	10	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		manual. Cord presentation. Vertex and hand. Int.				
2360 2384	27 28	$\begin{array}{ c c }\hline 4\\7\end{array}$	40 40	12 10			podalic version. Int. podalic version. C.P. D.C. $4\frac{3}{8}$ ". Breech presentation. Child died with a cerebral birth				
$\frac{2406}{2717}$	43 34	$\frac{4}{3}$	40	12	Manual breech	7	A	A	—	injury. Int. podalic version.	
$\begin{vmatrix} 2717 \\ 2935 \end{vmatrix}$	40	6	$\begin{vmatrix} 40 \\ 37 \end{vmatrix}$	$\begin{vmatrix} 4 \\ 16 \end{vmatrix}$	Spontaneous Spontaneous	$\frac{6}{7\frac{1}{2}}$	$egin{array}{c} A \ A \end{array}$	SB SB		Twins. (1) B.B.O. Hyp. toxemia. Hydro-	
2984	27	3	40	8	breech Manual breech	8	A	A	_ {	cephalic fœtus. Breech.	
3137 3341	39 42	5 5	40 40	$\begin{bmatrix} 10\frac{1}{2} \\ 5 \end{bmatrix}$	Spontaneous Manual breech	$\begin{bmatrix} 7\frac{1}{2} \\ 11 \end{bmatrix}$	A A	A A	_	Breech.	
$\begin{cases} 3388 \\ 3587 \end{cases}$	32	3	$\begin{array}{c c} 32 \\ 35 \end{array}$	${29}$	Undelivered	41	A A	— CD	_	Observation.	
3505	19	1	40	3	Spontaneous Manual	$\frac{4\frac{1}{2}}{6}$	A	SB SB	_	Hyp. toxæmia. Breech,	
3510	39	5	40		breech Perforation and	$8\frac{1}{2}$	A	SB		failed version. C.P. D.C. $4\frac{1}{4}$ , F.F.O.	
3550 3620	37 23	$\frac{12}{2}$	37 43	$\begin{bmatrix} 7 \\ 1 \end{bmatrix}$	cleidotomy Spontaneous Manual	$\begin{array}{c} 7 \\ 5\frac{1}{2} \end{array}$	A A	SB SB		Cord replaced Twins. (1) Breech, pro-	
3745	26	2	40	$8\frac{1}{2}$	breech Manual	$5\frac{3}{4}$	A	$\mathbf{A}$	_	lapsed cord. (2) Breech. Int. podalic version.	
4097	37	5	40	$12\frac{1}{2}$	breech Manual	$8\frac{3}{4}$	A	SB		Int. podalic version.	
4231	37	7	42	12	breech Spontaneous	$8\frac{1}{4}$	A	SB	_	Hyp. toxæmia. Breech	
4292	31	4	32	13			presentation.				
4637	40	3	41	15	Manual breech	10	A	SB	_	Hyp. toxæmia. Shoulder, int. podalic version.	
4668	32	3	40	84	Spontaneous	$5\frac{1}{2}$	A	SB		L.O.P. and hands. Face to pubis.	
4731	29	2	40	13	Manual breech	71/4	A	A	_	Shoulder. Int. podalic version.	

#### PLURAL PREGNANCY.

#### 1. Twins.

There were 83 cases of twin pregnancy during the year, 24 of which were primigravidæ and 59 multigravidæ. There were six cases with both children born before admission, and four with the first child born before admission. Three cases were not delivered and one case died after delivery of the first child but before the second was born.

There were six maternal deaths, two cases (see Nos. 1375 and 3242 under deaths) died of post-partum hæmorrhage; two cases (see Nos. 2090 and 3842 under deaths) of central placenta prævia died of hæmorrhage; one case (see No. 3029 under deaths) died of acute cardiac failure during labour; and one case (see No. 3794 under deaths) died of eclampsia and sepsis.

123 infants were born alive and 18 (14.6 per cent.) were still-born; 32 (26.0 per cent. of the total) of the infants born alive died later. The cause of death was prematurity in 20 cases, prematurity associated with influenza in eight cases, pneumonia in two cases, and exomphalos in two cases.

Pregnancy was complicated by hypertensive toxæmia in 28 cases, eclampsia in four cases, placenta prævia in two cases, hydramnios in two cases, heart disease in 2 cases, and mixed accidental hæmorrhage in one case.

COMPARATIVE TABLE FOR PREVIOUS FIVE YEARS.

				No.	Maternal		Child.						
	Yea	r.		Cases.	Deaths.	A.	S.B.	Died.					
1938	-	-	-	74	2	105	18	21					
1939	-	-	-	94	4	117	29	34					
1940	-	-	-	75	4	83	16	39					
1941	-	-	-	66	5	70	22	39					
1942	-	-	-	64	3	81	$\overline{16}$	$\frac{33}{23}$					

Table 1.—Results.

						10000						
	Mot	her.		Ch	ild 1.			Ch	ild 2.		xia.	is.
	Α.	D.,	A.	S.B.	D.	Total.	Α.	S.B.	D.	Total.	Pyrexia.	Sepsis.
Category A—												
Primiparæ	7	_	5	_	2	7	6		1	7	1	
Multiparæ	23	1	16	2	6	24	16	4	4	24		
Category B—	<b>(</b>					,						
Primiparæ	13	2	7	3	5	15	6	2	7	15	2	1
Multiparæ	25*	2	15	4	4	23	20	3	3	26	1	0
Totals	68	5	43	9	17	69	48	9	15	72	4	1

\* 4 B.B.O. and 1 undelivered.

Table 2.—Presentations.

Child 1. Child 2.	Vertex Vertex	Vertex Breech	Breech Vertex	Breech Breech	Shoulder Breech	Breech Shoulder	Shoulder Vertex	Vertex Shoulder	Vertex Com- pound	Shoulder Shoulder
Category A	18	4	2	3	1	1		1	1	1
Category B	22	7	6	5			1	2	_	
Totals	40	11	8	8	1	1	1	3	1	1

Table 3.—Weights of Infants.

			Under 5 lbs.	5 - 6 lbs.	6-7 lbs.	Over 7 lbs.
Category A	-	-	25	24	11	1
Category B	-	-	37	27	10	6
Totals	-	-	62	51	21	7

Table 4.—Mode of Delivery.

			Spontaneous.	Forceps.	Cæsarean Section,	Manual Breech,
Category A	-	-	45	5	8	6
Category B	-	-	67	5	6	15
Totals	-	-	112	10	14	21

# 2. Triplets.

There were four cases of triplets during the year. In one case all three infants presented by the breech and were delivered manually. The infants weighed  $5\frac{1}{2}$ ,  $5\frac{3}{4}$ , and  $5\frac{1}{4}$  lbs. and were all alive. In one case two infants presented by the breech and one by the vertex. The infants were born spontaneously and weighed  $3\frac{1}{2}$ ,  $3\frac{1}{2}$ , and 5 lbs. They were still-born. In one case the first infant was born before admission and the other two were born spontaneously, shortly after admission. The presentations were vertices and the infants were alive. The weights were  $5\frac{1}{1}\frac{0}{6}$  and  $5\frac{1}{4}$  lbs. The fourth case of triplets was 20 weeks pregnant at the end of 1943 and was not delivered.

#### OBSTETRICAL OPERATIONS.

A Summary of the various Obstetrical Operations is given in the following Tables.

#### 1. Forceps.

Forceps were applied in 376 cases, 278 of which were primiparæ and 98 multiparæ. Second stage delay is regarded as those cases where delivery is completed with low forceps, within 24 hours in primigravidæ and 18 hours in multigravidæ. Dystocia is regarded as labour lasting longer than these times or where it is not a simple low forceps delivery. The results are shown in the following tables:—

#### (a) PRIMIPARÆ.

Indication for	No. of	Mot	her.		Child.		cia.	is.
Operation.	Cases.	Alive.	Died.	Alive.	S.B.	Died.	Pyrexia	Sepsis.
Dystocia Transverse arrest	88	85	3	72*	13	4	5	6
of head	61	61		54	6	1	1	
Second stage delay	53	51	2	44*	5	3	4	
Occipito-posterior	34	32	2	27	3	4	3	1
Contracted pelvis -	14	14		10	4		1	1
Heart disease -	6	6		6				
C.P. and O.P	$\cdot$ 2	2		2				
Prolapsed cord -	1	1			1			
Eclampsia	16	13	3	11	2	2	1	
Face presentation -	$\sim 2$	2		1 .	1			'
Compound	1				,			
presentation -	1	1		_	1			
Totals	278	268	10	227	36	14	15	8

<sup>\*</sup> Twins (once).

# (b) Multiparæ.

Dystocia Transverse arrest	37	37	_	33	2	2	5	2
of head	16	16		12	1	3	1	1
Second stage delay	9	9		7	2			
Occipito-posterior -		8		6	2			
Contracted pelvis -	16	16	_	12	4		2	
Heart disease -	1	1		1				
C.P. and O.P	2	2		2				1
Prolapsed cord -	3	3		1	2			
Eclampsia	. 1	1						
Brow presentation	3	3		1	2			
Compound								
presentation -	2	2	-	2				
Totals	98	98		77	15	5	8	4

TABLE FOR PREVIOUS FIVE YEARS.

	Year.						Maternal	Child.			
		Ye	ar.			Total.	Deaths.	Alive.	S.B.	Died.	
1938	_	-	-	-	-	392	12	308	83	15	
1939	-	-	-	-	_	490	8	408	64	19	
1940	-	-	-	-	-	456	10	378	54	28	
1941	-	-	-	-	-	362	10	306	37	22	
1942	-	-	-	-	-	389	9	331	50	11	

#### 2. Casarean Section.

# (1) CLASSICAL OPERATION.

			(a) F	RIMIPA	ARÆ.				
Indication for		No. of	Mot	her.		Child,		Pyrexia.	sis.
Operation.	:	Cases.	Alive.	Died.	Alive.	S.B.	Died.	Pyre	Sepsis.
Contracted pelvis Placenta prævia Elderly	-	2 9	$\frac{2}{9}$	_ _	$\frac{2}{8}$		_	1	
primigravidæ Malpresentation Fibroids -	-	6 , 3 3	6 3 3	_ _ _	$\begin{bmatrix} 6 \\ 3 \\ 2 \end{bmatrix}$	  1		<u>1</u>	<u> </u>
Hypertensive toxæmia - Others	-	2 2	$\frac{2}{1}$		2	1	<u> </u>	_	<u>-</u>
Totals	-	27	26	1	24	3		2	1
			(b) M	ULTIPA	ARÆ.				
Contracted pelvis Placenta prævia Bad obstetric	-	24 39	24 39		21 30*	2 3	1 8	$egin{array}{c} 5 \ 4 \end{array}$	
history - Previous cæs. section -	-	9 14	9		8 12*		1 3	$\frac{1}{2}$	

\* Twins (twice).

4

16

8

114

4

15

111

8

Fibroids

Others -

Hypertensive toxæmia

Totals

† Twins (once).

6

2

3

17

2

8

2

23

4

10\*

92

7†

Total—Primiparæ and Multiparæ, 141.

1

3

Mothers—137 alive, 4 died.

Infants—116 alive, 9 still-born, 23 died.

# (2) Lower Uterine Segment Operation.

#### (a) Primiparæ.

Indication for		No. of	Mot	Mother.		Child.		xia	eis.
Operation.		Cases.	Alive.	Died.	Alive.	S.B.	Died.	Pyrexia	Sepsis.
Contracted pelvis Disproportion Elderly	-	23 $2$	$\begin{array}{ c c c }\hline 23\\1\\ \end{array}$	<u> </u>	22 1	1	_	<u>5</u>	$-\frac{1}{2}$
primigravida Malpresentation Placenta prævia Fibroid Hyp. toxæmia	-	6 6 3 3 2	6 5 2 3 2	1 1 —	6 5 2 3 2		— — — —		- - -
Totals	-	45	42	3	41	4	_	6	. 3

# (b) Multiparæ.

Contracted pelvis Disproportion Hyp. toxæmia Placenta prævia Bad obstetric history - Malpresentation Previous section Others -		38 1 5 1 9 4 8 5	35 1 5 1 8 4 8 5	3 — — — 1 — —	35 1 5 — 8 4 8 4		2 - 1 1 - -	3 - - - - 3 1	1 1 - 
Totals	-	71	67	4	65 .	2	4	7	2

Total—Primiparæ and Multiparæ, 116. Mothers—109 alive, 7 died. Infants—106 alive, 6 still-born, 4 died.

# Comparative Table for previous Five Years.

Classical Operation.

Lower Uterine Segment Operation.

Year.	Total.	Mat. Deaths.		Child.		Total.	Mat. Deaths.	Child.		
			Alive.	S.B.	Died.			Alive.	S.B.	Died.
1938 1939 1940 1941 1942	137 143 114 106 123	$\begin{bmatrix} 4\\2\\2\\7\\9 \end{bmatrix}$	113 121 93 75 102	$egin{array}{c} 10 \\ 10 \\ 5 \\ 10 \\ 6 \\ \end{array}$	$egin{array}{c c} 14 \\ 17 \\ 18 \\ 25 \\ 16 \\ \end{array}$	55 75 92 121 106	$\begin{bmatrix} 1\\3\\-\\1\\1 \end{bmatrix}$	54 69 87 111 100	2 4 2 3	$\begin{bmatrix} -2\\ 3\\ 7\\ 4 \end{bmatrix}$

# (3) Induction of Labour.

# (a) Artificial Rupture of Membranes.

. Indication for	No. of Cases.	Mot	her.		Child.		Miscarriage.	Undelivered.
Operation.	No	Alive.	Died.	Alive.	S.B.	Died.	Misca	Undeli
Hyp. toxæmia Post-maturity Ext. acc. hæm Contracted pelvis - Heart disease Hydramnios Malpresentation, version performed - Placenta prævia - Eclampsia Mixed and conc. acc. hæm Pyelitis Fætal abnormality and intra uterine death Late vomiting Cothers	155 16 16 17 21 12 11 8 15 4 6	151 16 16 17 21 12 11 8 14 4 5 4 3 54	4 - - - 1 - 1 - 1 - 2	126† 15 14 16* 15 4 9 7 9* 1 4 — 3 51	$     \begin{array}{c}                                     $	$ \begin{array}{c c} 14 \\ 1 \\ 2 \\ 1 \\ 2 \\ - \\ 1 \\ - \\ 2 \end{array} $	1 - - 1 - 1 - -	- - - - - - -
Totals -	345	336	9	274	44	26	4	1

# (b) Bougies.

Hyp. toxæmia - Eclampsia - Others	-	10 1 3	$\frac{10}{3}$	_ l _	5 - 2	5 1 1	<u>-</u>		
Totals	-	14	13	1	7	7	_	-	_

# Comparative Table for previous Five Years.

				No. of	Mot	Mother.		Child.		is-	Unde- livered.
	Year.		Cases.	Alive.	Died.	Alive.	S.B.	Died.	Carr		
1938	-	_		248	245	3	175	53 .	18	. 5	4
1938	-	_	-	326	322	4	226	73	35	3	
1940	-	-	-	348	339	9	258	57	35	7	1
1941	-	-	-	424	414	10	308	58	61	7	3
1942	-	-	- (1)	403	398	5	324	54	21	6	3

<sup>\*</sup> Twins (once). † Twins (twice).

# 4. Version.

# (a) EXTERNAL.

Indication for	Mot	Mother.		Child.	Miscarriage.	Unde-	
Operation.	Alive.	Died.	Alive.	S.B.	Died.	Miscan	livered
Shoulder presentation - Breech presentation	$\begin{array}{ c c }\hline 12\\134\\ \end{array}$	_	10 69	$\frac{2}{7}$	$\frac{}{4}$	<u> </u>	
Totals	146	_	79	9	4	_	58

# (b) Internal.

		1	1		1		1	
Shoulder presentation Prolapsed cord Plural pregnancy Compound presentation Brow presentation - Placenta prævia -	- - - -	$ \begin{array}{c c} 12 \\ 6 \\ 10 \\ 1 \\ 1 \\ 2 \end{array} $	2 - - - 1	7 4 5* —	$\begin{bmatrix} 6\\2\\4\\1\\-2 \end{bmatrix}$	$     \begin{array}{c}       1 \\       2 \\       \hline       1 \\       1     \end{array} $		
Totals	-	32	3	16	15	5		

<sup>\*</sup> Twins (once).

# (c) BIPOLAR.

Compound presentation Breech presentation -	-	2 2		1	1		_	_
Totals	•	4	_	2	1	1	_	_

5.	Manual	Removal	of	Placenta.
----	--------	---------	----	-----------

		her.	sis.	Pyrexia.	
Reason for Removal.	Alive.	Died.	Sepsis.	Pyre	
Retained placenta Retained placenta and post-partum hæmorrhage	28	3	7 2	1	
Totals	38	6	9	2	

The cause of death in five cases was obstetric shock, and in one case sepsis (see Nos. 200, 1066, 1308, 1722, 3210, and 4329 under deaths). In 21 (50·0 per cent.) of the cases the child had been born before admission of the patient to hospital. Of these cases four died, two developed pyrexia and five sepsis.

# 6. Craniotomy.

Craniotomy was performed in fourteen cases, nine of which were primiparæ and five multiparæ. In seven cases this was done because the child died in the course of a prolonged labour. In two cases an attempt to deliver with the forceps had failed before admission. In one of these cases a contracted pelvis was noted.

Two other cases had a contracted pelvis and one a contracted pelvic outlet. In one case a brow presentation was noted and in one moderate disproportion.

There were three maternal deaths (see Nos. 593, 2054 and 2744 under deaths). There were three cases of sepsis.

# 7. Perforation.

# (a) PRIMIPARÆ.

Indication for Operation.	Mother.  Alive. Died.		Sepsis.	Pyrexia.	
Hydrocephalus Prolonged labour and acc. hæm Contracted pelvis		3 1 1	1 —	1 —	
Totals		5	1	1	_

# (b) Multiparæ.

Contracted pelvis Prolonged labour Hydrocephalus	-	- - -	- - -	- - -	2 3 3		1 1 -	
Totals	-	-	-	-	8	1	2	

The after-coming head was perforated in two cases. In four cases delivery was completed by forceps, in two cases delivery was manual, in four cases delivery was by traction, and in five cases it was spontaneous.

# 8. Oophorectomy and Salpingo-Oophorectomy.

Indication for Operation.	Mother.			
	Alive.	Died.		
Ovarian cyst Fibroids and endometriosis (hyster-	2			
ectomy and bilateral Salpingo- oophorectomy	1	<u>/</u>		
Totals	3			

9. Hysterotomy.

Indication for Operation.					Mot	her.	~	Pyrexia.	
					Alive.	Died.	Sepsis.		
Heart disease Neurological Renal dysfur Hypertensive Tuberculosis Pyelitis - Epilepsy - Others -	diseas netion toxæ	se emia -	- - -	-	- - - - - -	7 2 4 1 3 2 2 3			
T	otals	-		-	-	26			3

Hysterectomy was performed in six cases on account of fibroids, four of these cases followed cæsarean section. There were no maternal deaths. Hysterectomy was performed in two cases on account of rupture of the uterus. There was one maternal death.

# 10. Various other Operations.

Myomectomy, -	-	-	-	-	-	-	-	3
Laparotomy and	Steril	isatio	n,	-	-	-	-	2
Decapitation, -	-	-	-	-	-	-	-	2
Appendicectomy,	-	S.	-	-	-	-	-	1
	To	tal.	_	_	_	w.	-	8

# CONTRACTED PELVIS.

There were 231 cases of contracted pelvis admitted in the year 1943, and of these 166 had been under ante-natal supervision at the hospital clinic. There were three maternal deaths.

COMPARATIVE TABLE FOR PREVIOUS 5 YEARS.

		Year				Total	Maternal		Cilliu.	
						Cases.	Deaths.	Alive.	S.B.	Died.
938	1	1	t	•		406		25.7	4.4	೯
1939 -	,	•		•	,	300	- ∞	20 00	£ 14	ာဗ
940 -	1	1	1	•	'	275	কা	231	25	Ī
941 -	1	ı	1	•	,	249	67	214	21	11
942 -	ı	1	1	•	'	228	কা	201	17	4

A.—Cases under Ante-natal supervision at Hospital Clinic.

## PRIMIPARÆ.

.ls	toT		57
.sie	geb		81
six.	Pyre	%	ಣ
Mortality per eent.	Ch.	25.0 6.7 100.0	7.5
Mortality	M.		
	Died.		
Child.	S.B.	62	4
	Alive.	28 6 1 1 1 1	49
Tother.	Died.		,
Mot	Alive.	28 8 8 1.5 1.1	54
No. of	Cases.	28 8 15 1	54
		1 1 1 1 1	<b>1</b>
		1 1 1 1 1 1	1
Yode of Delivery		Spontaneous Classical cæsarean section L.U.S. cæsarean section - Craniotomy	Totals -
		Spontaneo Forceps - Classical ca L.U.S. cæs Craniotom Undelivere	

# MULTIPARÆ.

.ls:	юТ	64   70 85	10
.sia	geps	-	<del>, - 1</del>
,six	Pyre	_   w w	6
Mortality per cent.	Ch.	16.7 22.2 6.3 6.3	12.8
Mortality	M.	6.3	1.8
	Died.	9   7   9	6
Child.	S.B.	60 62	īc
	Alive.	45* 7 15 30	97
Mother.	Died.	67	23
Mot	Alive.	53 9 16 30 2	110
No. of	Cases.	53 9 16 32 2	112
Mode of Delivery		Spontaneous	Totals

\* Twins (once).

B.—Others.

PRIMIPARE.

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	9.1
64	c1
45-0	20
4618	22
46-8	22
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1 1 1 1	1
Spontaneous	Totals -

MULTIPARÆ.

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.six	Pyre	21	2
Mortality per cent.	Ch.	25.0 25.0 25.0 25.0 16.7 100.0 100.0	35.0
Mortality	M,	16.7	2.3
	Died.	01,	2
Child.	S.B.	8 8 8 8 8 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9	12
	Alive.	0000	26
Mother.	Died.		,1
Mot	Alive.	51 2 ∞ ∞ 12 4 61 61 −1	42
No. of	Cases.	12 8 8 8 8 8 9 4 2 2 1	43
			1
	•	. ,	B
	Mode of Delivery.	Spontaneous	Totals -

Groups A and B.

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οJ		1	1	67	1	1		5
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			4.9			1		1.3
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9	∞	0.1	લ	ಹ	1	1	İ	23
- *98	56	23	57		1	1	1	192
1	-		က				1	3
97	34	26	58	ಸರ	Ç.1	ा	4	228
97	34	26	61	5	67	23	4	231
ŧ	•		1	•		•	,	
t	1	٠	•	•		•	•	4
1	1	n section	section -	1	1	1	1	Totals -
spontaneous -	Forceps	Classical cæsarear	L.U.S. cæsarean section -	Craniotomy -	Manual breech	Abortion -	Undelivered -	

\* Twins (once).

#### Contracted Pelvis. 1. Induction of Labour.

Surgical induction of labour by puncture of the membranes was performed 21 times. One infant was still-born. Spontaneous delivery occurred in 16 cases. One case had a cæsarean section delivery previously. There was one infantile death, due to prematurity and meningeal hæmorrhage. Five cases required delivery by the forceps, and all were mid forceps deliveries.

#### 2. Spontaneous Delivery. CONTRACTED PELVIS.

Spontaneous delivery occurred in 97 cases of contracted pelvis. There was one case with twins. An analysis of the degree of contraction, weight of child, and duration of labour has been made. There were no maternal deaths. Two cases were spontaneous abortions and did not have a viable child, and are not included in the above total. 92 infants were born alive but six subsequently died. There were six still-births. The feetal mortality rate was thus 12.4 per cent. were two cases of sepsis and one of pyrexia.

The infantile deaths were due to prematurity in two cases, stenosis of the alimentary tract in two cases, atelectasis in one case, and a urinary infection complicated by influenza in one case. The causes of still-birth were: intra-uterine death of unknown origin before labour. in two cases; prolapsed cord in one case; ruptured umbilical vessel in one case; death during labour in one case; and one following a failure to deliver with forceps before admission.

The following complications of pregnancy and delivery occurred:— Hypertensive toxæmia, 22 cases; pyelitis, 1 case; prolapsed cord, 1 case; breech delivery, 1 case; compound presentation, 1 case; previous cæsarean section, five cases; post-partum hæmorrhage in one case.

Analysis of Spontaneous Delivery in cases of Contracted Pelvis.

	D.C. over $4\frac{1}{4}$ ins.	અ	1	1	1	<del></del>	61		1	1	10
CATEGORY B.	D.C. $3\frac{3}{4} - 4\frac{1}{4}$ ins.	ĭŌ	<del></del> 1	<del></del> -			1	1	બ	П	11
	D.C. under $3\frac{3}{4}$ ins.	1		1		1	1		1	l	
	D.C. over $4\frac{1}{4}$ ins.	ಬ	5	1	4	ಣ	-	4	I	61	24
CATEGORY A.	$\frac{\text{D.C.}}{3\frac{3}{4} - 4\frac{1}{4} \text{ ins.}}$	66	o.	П	6	∞	1	4	ಣ	П	. 59
	D.C. under $3\frac{3}{4}$ ins.		-	1		1	1		1	1	22
	Duration of Labour.	Under 12 hours	12-24 hours	Over 24 hours -	Under 12 hours	12-24 hours	Over 24 hours -	Under 12 hours	12-24 hours	Over 24_hours -	
	Weight of Child.	(	Under 7 lbs. $\langle$			· 7-8 lbs.			Over 8 lbs.		Totals -

#### CONTRACTED PELVIS.

#### 3. Forceps Delivery.

Thirty-four cases of contracted pelvis were delivered by forceps, seven high forceps and twenty-seven mid forceps. There were eight still-births. Five of these cases had been in labour for more than 30 hours. In two cases an attempt at delivery before admission failed. In both cases a live child was obtained. There were three cases of pyrexia and two of sepsis, which gives a combined pyrexia and sepsis rate of 14·1 per cent.

A.—Cases under Ante-natal Supervision at Hospital Clinic.

•										
			, at		Res	sult.	of	r. ·	or .	
Reg. No.	Age.	Parity.	A Maturity a Delivery.	ins.	М.	Ch.	sql Weight Child.	rs.	Pyrexia or Sepsis.	Remarks.
222										
228	29	2	40	$4\frac{3}{8}$	A	A	$7\frac{3}{4}$	$45\frac{1}{2}$		Intra-partum eclampsia (1 fit). Slight
448	38	3	38	$4\frac{1}{4}$	A	A	$8\frac{3}{4}$	8	_	post-partum hæm. Mid forceps. Shoulder. Ext. cephalic version. Prolapsed arm, in vertex presen-
										tation. Mid forceps.
601	28	1	37	4	$\mathbf{A}$	A	$5\frac{1}{4}$	46	—	Scabies. L.O.P. Face to pubis.
884	28	1	42	$4\frac{3}{8}$	A	SB	$\frac{1}{7\frac{1}{2}}$	32	S	Mid forceps.  Hæmolytic streptococcus. Mid
0.0.1	3.0	-						0.7		forceps.
$\begin{array}{c} 931 \\ 1106 \end{array}$	$\frac{18}{32}$	$\begin{array}{c c} 1 \\ 2 \end{array}$	40 43	$\begin{array}{ c c }\hline 4\\ 4\frac{1}{4}\\ \end{array}$	$\begin{array}{c} A \\ A \end{array}$	$\begin{array}{ c c } A \\ A \end{array}$	$\begin{vmatrix} 8\frac{1}{4} \\ 7\frac{1}{2} \end{vmatrix}$	$\begin{array}{ c c }\hline 21\\17\frac{1}{2}\end{array}$		A.R.M. in labour. Mid forceps.  Mid forceps.
1462	30	$\frac{2}{4}$	41	$4\frac{3}{8}$	$\stackrel{A}{A}$	A	$6\frac{1}{4}$	$11\frac{3}{4}$		Deep transverse arrest. Mid forceps.
∫ 1671	35	2	39	_	A		-			Observation.
$\begin{cases} 2374 \\ 2282 \end{cases}$	$\frac{}{23}$	1	$\begin{array}{ c c }\hline 40\\ 41\\ \end{array}$	4	$egin{array}{c} A \\ A \end{array}$	$\begin{array}{ c c } A \\ A \end{array}$	$   \begin{array}{c c}     7\frac{1}{2} \\     7\frac{1}{2}   \end{array} $	$\begin{vmatrix} 20 \\ 34 \end{vmatrix}$	S	R.O.P. Mid forceps. Sepsis. B. Coli.
$\begin{array}{c} 2282 \\ 2697 \end{array}$	36	1	$\frac{41}{38}$	$\begin{array}{c c} 4\frac{1}{4} \\ \hline \end{array}$	$\begin{array}{c} A \\ A \end{array}$	$\begin{array}{c} A \\ A \end{array}$	8	$\frac{54}{68}$		Mid forceps.  Hyp. toxemia. Surg. ind. A.R.M.
					1.1					Transverse arrest. Mid forceps.
$\int 2798$	27	2	40	$4\frac{1}{4}$	A		_			Observation.
$\begin{array}{c} 3082 \end{array}$	_		41	$4\frac{1}{4}$	A	A	$6\frac{3}{4}$	76	<del></del>	R.O.P. Manual rotation. Mid
3102	39	10	40	$4\frac{1}{4}$	A	SB	10	15	—	forceps. Craniotomy and cleidotomy followed by high forceps.
3192	25	1	40	$4\frac{1}{8}$	A	A	9	30		Surg. ind. A.R.M. Mid forceps
3436	36	10	40	$4\frac{1}{4}$	A	A	$7\frac{1}{2}$	6		Deep transverse arrest. Mid forceps.
$\int 3437$	34	1	33	4	A		—	—	—	Observation.
3632		_	40	4	A	SB	$\frac{6\frac{1}{2}}{6\frac{1}{2}}$	61		High forceps.
3929 4779	$\begin{array}{c c} 28 \\ 34 \end{array}$	$\frac{1}{6}$	$\begin{vmatrix} 40 \\ 38 \end{vmatrix}$	$egin{array}{c} 4rac{3}{8} \ 4rac{3}{8} \end{array}$	A	A SB	$8\frac{1}{4}$	68	—	Mid forceps.
4119	34	0	90	48	A	OD	$9\frac{1}{2}$	$17\frac{1}{2}$	****	Hydramnios. Surg. ind. A.R.M. Mid forceps.

Mothers—Alive, 17; died, 0. Infants—Alive, 13; S.B., 4; died, 0.

B.-Others.

			at y.		Res	sult.	of		or	
Rog. No.	Age.	Parity.	Maturity at Delivery.	D.C.	М.	Ch.	Weight Child.	Labour.	Pyrexia or Sepsis.	Remarks.
			wks.	ins.			lbs.	hrs.		
197	24	1	41	$4\frac{3}{8}$	A	A	$7\frac{1}{2}$	$32\frac{1}{2}$		Hyp. toxæmia. Deep transverse arrest. Mid forceps.
350	40	6	36	4	A	A	7	46		Hyp. toxæmia. Parietal presenta-
648	43	1	36	$4\frac{1}{4}$	A	A	$6\frac{3}{4}$	47		tion. High forceps. Hyp. toxæmia. Deep transverse arrest. Mid forceps.
1460	23	1	41	4	A	A	7	$29\frac{1}{2}$	<u></u>	R.O.P. Manual rotation. Mid for-
1539	21	1	38	$4\frac{1}{4}$	$\mathbf{A}$	A	$6\frac{3}{4}$	21	_	ceps. Irregular dismissa!.  Hyp. toxæmia. Surg. ind. A.R.M.  Deep transverse arrest. Mid
1851 2388 2685 3117 3266	32 26 36 23 39	$\begin{bmatrix} 6 \\ 1 \\ 3 \\ 2 \\ 9 \end{bmatrix}$	40 41 41 40 40	$\begin{array}{c} 4\frac{3}{8} \\ 4\frac{3}{8} \\ 4\frac{1}{4} \\ 4\frac{3}{8} \\ 4\frac{3}{8} \end{array}$	A A A A	A A A SB	$ \begin{array}{c c} 8 \\ 6 \\ 8\frac{3}{4} \\ 8\frac{1}{2} \\ 6\frac{3}{4} \end{array} $	54 72 47 22 25		forceps. High forceps. Irregular dismissal. Mid forceps. High forceps. Deep transverse arrest. Mid forceps. High forceps. Small central rupture
3480 3856	$egin{array}{c} 32 \ 20 \ \end{array}$	3	41 41	$4\frac{1}{4}$ $4\frac{3}{8}$	A A	A A	10 9	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	—	of lower uterine segment.  Hyp. toxæmia. F.F.O. High forceps.  Hypertensive toxæmia. Deep tranverse arrest. Mid forceps.
3864	4.0	2	43	$4\frac{1}{4}$	A	SB	$8\frac{3}{4}$	52	P	Deep transverse arrest. Mid forceps. Pyrexia (urinary).
3945 $4496$	33 19	1	40 36	$\frac{4\frac{1}{4}}{-}$	A A	$\frac{SB}{A}$	$\frac{8\frac{1}{2}}{-}$	58		Perforation of head and mid forceps. Breech. Ext. cephalic version.
$\begin{cases} 4430 \\ 4670 \end{cases}$			46	$4\frac{1}{4}$	A	A	$7\frac{1}{2}$	2	Р	Surg. ind. A.R.M. Mid forceps. Pyrexia (phlebitis).
4639 4643	20 42	1 8	42 40	$\begin{array}{c c}4\frac{3}{8}\\4\frac{3}{8}\end{array}$	A A	SB A	$\begin{array}{c} 7\frac{1}{2} \\ 8 \end{array}$	$\begin{array}{c}48\frac{1}{2}\\8\end{array}$	P	Deep transverse arrest. Mid forceps. Hyp. toxæmia. F.F.O. Transverse arrest. Mid forceps. Pryexia (abscess of buttock).

 $\label{eq:Mothers-Alive, 17} \mbox{Mothers-Alive, 17} \; ; \; \mbox{died, 0.} \qquad \mbox{Infants-Alive, 13} \; ; \; \mbox{S.B., 4} \; ; \; \mbox{died, 0.}$ 

Eighty-seven cases of contracted pelvis were delivered by cæsarean section, the classical operation being performed in 26 cases and the lower uterine segment operation in 61 cases. There were three maternal deaths, which gives a mortality rate of 3·4 per cent. for the combined group. One case (No. 306) died of obstetric shock; one case (No. 2814) died of pulmonary embolism; one case (No. 4212) died of sepsis. All these cases had a lower uterine segment cæsarean section.

There were four still-births and three infantile deaths. One died with

broncho-pneumonia, and the other two with influenza.

There were 13 cases of pyrexia and one of sepsis in the combined group. This gives a combined pyrexia and sepsis rate of 16·1 per cent. Five cases of pyrexia occurred following the classical operation. The pyrexia was due to mastitis in two cases, and a urinary infection in one case. The other two cases were of undetermined origin. Eight cases of pyrexia followed the lower uterine segment operation. Two cases were of respiratory origin, one was due to mastitis, one was due to a stitch abscess and four were of unknown origin. The case of sepsis followed the lower uterine segment operation.

Classical Operation.

A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg. No.	Age.	Parity.	Maturity at Delivery.	D.C.	Res	ch.	eq Weight of	Spinal Anæsthetic	Pyrexia or Sepsis	Remarks.
$ \begin{cases} 105 \\ 1919 \\ 270 \\ 2860 \\ 4294 \end{cases} $	$ \begin{vmatrix} 37 \\$	$ \begin{vmatrix} 5 \\ -2 \\ 1 \\ 2 \end{vmatrix} $	22 40 40 39 39	$\begin{bmatrix} - \\ 4 \\ - \\ 3\frac{3}{4} \\ 3 \end{bmatrix}$	A A A A A	$\begin{bmatrix} -A \\ A \\ A \\ D \end{bmatrix}$	$egin{array}{c} - \ 5 \ 7rac{3}{4} \ 6 \ 4rac{3}{4} \ \end{array}$	_ _ + +	_ P _	Observation. Hyp. toxæmia. Not in labour.  4½ hours' labour. Pyrexia (mastitis). Not in labour. Not in labour. Infant died of prematurity and influenza.

Mothers—Alive, 4. Infants—Alive, 3; died, 1.

#### B.—Others.

24	1	37	4	$\mathbf{A}$			_		Breech, failed version.
		39	—	A	A	$5\frac{1}{4}$			Two hours' labour.
29	5	38	4	A	SB		_		Mixed acc. hæm. Pseudo-mala-
									costean pelvis. Sterilised. Blood
									transfusion.
33	2	39	41	A			_ '		Breech presentation.
		40		A	A	$7\frac{1}{2}$	+		Shoulder presentation. Not in labour.
	29	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{vmatrix} - \\ 29 \end{vmatrix} \begin{vmatrix} - \\ 5 \end{vmatrix} \begin{vmatrix} 39\\ 38 \end{vmatrix} \begin{vmatrix} - \\ - \end{vmatrix} \begin{vmatrix} A\\ A \end{vmatrix} \begin{vmatrix} A\\ SB \end{vmatrix} $	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{vmatrix} - & - & 39 & - & A & A & 5\frac{1}{4} & - & - \\ 38 & - & A & SB & 4\frac{3}{4} & - & - \\ 33 & 2 & 39 & 4\frac{1}{8} & A & - & - & - & - \end{vmatrix} $

Mothers—Alive, 3. Infants—Alive, 2; Still-born, 1.

#### CLASSICAL OPERATION (REPEAT CÆSAREAN SECTION).

#### A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg.	Age.	Parity.	Maturity at Delivery.	D.C.	Res	Ch.	sq Weight of Child.	Spinal Anæsthetic	Pyrexia or Sepsis.	Remarks.
1550	20	9	20		A ]	4	6.1			Sterilised. Not in labour.
1773	30	3	39	4	A	A	05	_	D	
1880	28	$\frac{2}{2}$	38	$3\frac{3}{4}$	A	A	$\begin{array}{c} 6\frac{1}{2} \\ 8\frac{3}{4} \\ 7\frac{3}{4} \\ 6\frac{1}{2} \end{array}$	_	P	$2\frac{1}{2}$ hours' labour. Sterilised. P.U.O.
2466	33	6	39	4	A	A	73	_		Not in labour. Sterilised.
2700	31	4	39	$4\frac{1}{8}$	A	A	$6\frac{1}{2}$	+		Hyp. toxæmia. Rupture of uterus.
				:		1				Hysterectomy. Not in labour.
2729	26	3	40		A	A	$7\frac{3}{4}$	+		Two previous cæsarean sections.  Hyp. toxæmia. Sterilised. Not in labour.
2750	33	3	38		A	A	7	-	Р	Sterilised. Pyrexia (mastitis). Not in labour.
2886	27	2	38	4	A	A	$7\frac{1}{5}$	_		Not sterilised. Not in labour.
3362	24	3	40		A	A	$\begin{array}{c} 7\frac{1}{2} \\ 8 \end{array}$	-		Sterilised. Not in labour.
3402	28	3	39	!	A	A	6	+	P	Two previous cæsarean sections.
0.102										Not in labour. Sterilised. Pyrexia (urinary).
3944	38	4	38	$4\frac{3}{8}$	A	A	$5\frac{1}{2}$			Two previous cæesarean sections.  14 hours' labour. Sterilised.
4003	22	2	41	37	A	A	$6\frac{3}{4}$	+		Not in labour. Not sterilised.
4763	33	$\frac{1}{2}$	40	$3\frac{7}{8}$ $3\frac{3}{4}$	A	A	91		P	$15\frac{1}{2}$ hours' labour. Sterilised. P.U.O.
$\frac{4764}{4764}$	27	$\frac{1}{2}$	40	$4\frac{1}{4}$	A	A	$\begin{array}{c} 9\frac{1}{2} \\ 6\frac{1}{2} \end{array}$	+		Not in labour. Sterilised:
<b>T/0</b> T			10	14	1.1	4.3	2,	,		

Mothers—Alive, 13. Infants—Alive, 13.

#### B.—Others.

	oour.
$2714 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	

Mothers—Alive, 6. Infants—Alive, 5; Still-born, 1.

#### LOWER UTERINE SEGMENT OPERATION.

#### A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg No.	Age.	Parity.	Maturity at Delivery.	D.C.	Re M.	Ch.	Weight of Child.	Spinal Anæsthetic	Pyrexia or Sepsis.	Remarks.
$\begin{cases} 141 \\ 1845 \end{cases}$	35	8 -	25 40	4	A A		$\frac{1}{7\frac{3}{4}}$	<u>-</u> +		Anæmia. Bad obstetric history. Not in labour. Sterilised.
$     \begin{cases}       308 \\       442 \\       1645 \\       755 \\       \hline       873     \end{cases} $	$\begin{bmatrix} 29 \\ 31 \\ - \\ 30 \\ 29 \end{bmatrix}$	$\begin{bmatrix} 2\\3\\-\\3\\1 \end{bmatrix}$	$egin{array}{c c} 41 \\ 26 \\ 40 \\ 40 \\ 35 \\ \end{array}$	$\begin{array}{ c c c }\hline 4\frac{1}{4} \\ 4\frac{1}{8} \\ \hline 4\frac{1}{8} \\ \hline \end{array}$	A A A A	$\begin{vmatrix} A \\ -A \\ A \end{vmatrix}$	$ \begin{vmatrix} 6\frac{3}{4} \\ -\frac{6\frac{1}{2}}{7} \end{vmatrix} $	  		12 hours' labour. Threatened miscarriage. Bad obstetric history. Not in labour. Not in labour. Wound resuture. Observation.
$ \begin{cases} 1272 \\ 1558 \\ 1161 \\ 1182 \\ 1441 \end{cases} $	$\begin{bmatrix} -26 \\ -34 \\ 22 \\ 30 \end{bmatrix}$	$\begin{bmatrix} -1 \\ -2 \\ 1 \\ 1 \end{bmatrix}$	$\begin{vmatrix} 35 \\ 40 \\ 36 \\ 40 \\ 41 \end{vmatrix}$	3 3 4	A A A A A	A A A A	$ \begin{array}{ c c c c c } \hline  & & & \\  & & & &$		-   P   P   -	Observation. 53 hours' labour. P.U.O. 21 hours' labour. P.U.O. 9 hours' labour.
1510 1617	29 21	1 1	$\begin{bmatrix} 36 \\ 38 \end{bmatrix}$	$\begin{bmatrix} 4\\3\frac{1}{4}\\- \end{bmatrix}$	A A	A A	$\begin{bmatrix} 8 \\ 6 \\ 4\frac{3}{4} \end{bmatrix}$	+ - +	$\frac{-}{P}$	Not in labour.  21½ hours' labour.  10¾ hours' labour. Partial placenta  prævia. Pyrexia (respiratory.)
$   \begin{array}{c}     1804 \\     1805 \\     1993 \\     2114 \\     2007 \\     2069   \end{array} $	$ \begin{array}{c c} 31 \\ 33 \\ 23 \\ \hline 29 \\ 24 \end{array} $	$ \begin{vmatrix} 1 \\ 5 \\ 1 \\ - \\ 1 \end{vmatrix} $	$egin{array}{c} 40 \\ 40 \\ 36 \\ 37 \\ 38 \\ 41 \\ \end{array}$	$ \begin{array}{c c} 3\frac{3}{8} \\ - \\ 4\frac{3}{8} \\ - \\ 4\frac{1}{4} \\ 4\frac{1}{4} \end{array} $	A A A A A	$\begin{bmatrix} A \\ A \\ A \\ A \\ A \end{bmatrix}$	$\begin{bmatrix} 6\frac{3}{4} \\ 8 \\ - \\ 8 \\ 8\frac{1}{2} \\ 8 \end{bmatrix}$	+ + - +	—   —   —   —   P	Not in labour.  Hyp. toxæmia. Not in labour.  Scabies. Breech presentation.  9½ hours' labour.  Hydramnios. 3 hours' labour.  36 hours' labour. Pyrexia (res-
$     \begin{cases}       2080 \\       2615 \\       2814     \end{cases} $	21 35 —		40 37 40	$\begin{bmatrix} 4\frac{1}{8} \\ 4 \end{bmatrix}$	A A D	$\frac{A}{A}$	$\begin{bmatrix} 6\frac{1}{4} \\ \hline 6\frac{3}{4} \end{bmatrix}$	_ _ +	_	piratery). 41 hours' labour. Hyp. toxæmia. Breech presentation. Not in labour. Mother died of pulmonary embolism. (See under deaths.)
$\begin{cases} 2964 \\ 2242 \end{cases}$	36	2	35	4	A	_		_		Hyp. toxæmia. Breech presentation. Kyphotic spine.
$ \begin{cases} 3343 \\ 3270 \\ 4207 \\ 3334 \end{cases} $ $ \begin{cases} 3447 \\ 3687 \end{cases} $	$\begin{vmatrix} \overline{41} \\ \overline{38} \\ 26 \end{vmatrix}$	$\begin{bmatrix} 1 \\ -7 \\ 2 \end{bmatrix}$	40 30 38 40 37	$\frac{-}{4\frac{3}{8}}$ $\frac{4\frac{1}{4}}{3\frac{3}{4}}$	A A A A	$\begin{bmatrix} A \\ A \\ A \end{bmatrix}$	$\frac{6\frac{3}{4}}{6}$ $\frac{8\frac{1}{4}}{6}$	- + +		7 hours' labour. Hyp. toxæmia. 8 hours' labour. Not in labour. Anæsthetic examination.
$ \begin{array}{c} 3687 \\ 3568 \\ 3773 \\ 3803 \\ 4346 \\ 3865 \end{array} $	$     \begin{array}{c}                                     $	$\begin{bmatrix} -6 \\ 2 \\ 1 \\ - \end{bmatrix}$	41 40 42 36 44	$ \begin{array}{c c}  \hline  4\frac{1}{4} \\  4\frac{1}{8} \\  4\frac{1}{4} \\  \hline   &   \end{array} $	A A A A	$\begin{bmatrix} A \\ A \\ A \end{bmatrix}$	$ \begin{array}{c c} 5\frac{3}{4} \\ 8\frac{1}{2} \\ 6\frac{1}{2} \\ \hline 9\frac{3}{4} \\ c \end{array} $	+ +		72 hours' labour. Irregular dismissal. 20 hours' labour. Not in labour. Breech presentation. 9 hours' labour.
3865 4016 4112 (4117	$\begin{vmatrix} 40 \\ 41 \\ 21 \\ 27 \end{vmatrix}$	$egin{array}{c c} 1 \\ 2 \\ 1 \\ 1 \end{array}$	39 40	$4\frac{1}{4}$ $3\frac{3}{4}$ $4\frac{1}{8}$	A A A	A A A	$\begin{bmatrix} 6 \\ 7 \\ 6\frac{3}{4} \end{bmatrix}$	+ + + + + + + + + + + + + + + + + + + +		Breech with extended legs. Not in. labour. Hyp. toxæmia. Not in labour. Brow presentation. 15 hours' labour. Anæsthetic examination.
$     \left\{      \begin{array}{c}       4335 \\       4697     \end{array}     \right. $	$\frac{2}{36}$	$-\frac{1}{1}$	40 41	$\begin{vmatrix} 3\frac{3}{4} \\ 4\frac{1}{4} \end{vmatrix}$	A A	$\begin{vmatrix} A \\ SB \end{vmatrix}$	$\begin{bmatrix} \overline{6\frac{1}{4}} \\ 6 \end{bmatrix}$	- +	_	20 hours' labour.  Hyp. toxæmia. 27 hours' labour.

#### B.-Others.

Reg a	Age.	Parity.	Maturity at Delivery.	D.C.	Res	Sult.	sq Weight of Child	Spinal Anæsthetic	Pyrexia or Sepsis	Remarks.							
		_		0.1													
2	$\frac{21}{2}$	l I	41	$3\frac{1}{2}$	A	A	$7\frac{1}{4}$	+	P	10 hours' labour. Pyrexia (mastitis).							
75	28	1	40		A	A	$7\frac{1}{4}$	+	—	Not in labour.							
631	27	ŀ	39	$3\frac{3}{4}$	Α	A	$6\frac{1}{2}$	+	-	$13\frac{1}{2}$ hours' labour.							
1992	32	1	40	$4\frac{1}{4}$	A	A	$7\frac{3}{4}$	+		$6\frac{1}{4}$ hours' labour.							
2339	29	1	41	4	A	$\mathbf{A}$	$6\frac{3}{4}$	+	-	Hyp. toxæmia. Not in labour.							
2683	22	1	41	$3\frac{3}{4}$	$\mathbf{A}$	A	$ \begin{array}{c c} 7\frac{3}{4} \\ 6\frac{3}{4} \\ 5\frac{3}{4} \end{array} $	+		18 hours' labour.							
3129	34	3	39	4	A	Α	$9\frac{\hat{1}}{2}$			23 hours' labour.							
3371	19	1	38	$4\frac{1}{4}$	A	$\mathbf{A}$	8~	+		31 hours' labour.							
3396	21	1	40	_	A	A	6	+	P	15 hours' labour. Pyrexia (stitch							
										abseess).							
3418	29	1	40	$4\frac{1}{4}$	A	A	$7\frac{3}{4}$	+		Fibroids. Breech presentation							
				4			4			$2\frac{1}{4}$ hours' labour.							
4038	35	10	41	$4\frac{1}{4}$	A	ε A	$8\frac{1}{4}$	_		38 hours' labour.							
				Mat	hora	Alir	70 11	L	fonts	Alixo 11							

Mothers—Alive, 11. Infants—Alive, 11.

#### Lower Uterine Segment Operation (Repeat Cæsarean Section).

A.—Cases under Ante-natal Supervision at Hospital Clinic.

32 283 306	$\begin{vmatrix} 35 \\ 28 \\ 39 \end{vmatrix}$	$egin{bmatrix} 4 \ 2 \ 2 \end{bmatrix}$	40 41 39	$\begin{vmatrix} 4\frac{1}{4} \\ 4 \\ 4 \end{vmatrix}$	A A D	A A A	$ \begin{vmatrix} 7\frac{1}{2} \\ 7\frac{1}{4} \\ 6\frac{1}{4} \end{vmatrix} $	+ + -	P	10\frac{3}{4} hours' labour. Sterilised. P.U.O. 3\frac{1}{2} hours' labour. Sterilised. 5\frac{1}{4} hours' labour. Sterilised. Died of obstetric shoek. (See under
1071 1094	34 30	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	40 39	$egin{array}{c} 4rac{3}{8} \ 4 \end{array}$	A A	A A	7 6	+	$\frac{1}{P}$	$deaths.$ ) $10\frac{1}{2}$ hours' labour. Sterilised. Not in labour. Not sterilised.
$\begin{cases} 1397 \\ 1619 \\ 1650 \end{cases}$	34	$\begin{bmatrix} 4 \\ - \\ 3 \end{bmatrix}$	37 40	$\frac{4\frac{1}{4}}{\frac{2}{7}}$	A A	$\frac{1}{A}$	$egin{array}{c} - \ 7rac{1}{2} \ 7rac{3}{4} \end{array}$	  -  +	<u> </u>	P.U.O. Observation. Not in labour. Sterilised.
1659 $2052$ $(2293)$	$\begin{array}{ c c }\hline 24\\ 29\\ 40 \end{array}$	$\begin{bmatrix} 3 \\ 4 \end{bmatrix}$	$\begin{array}{ c c }\hline 40\\ 43\\ 25\\ \end{array}$	$\begin{array}{c c} 3\frac{7}{8} \\ 4\frac{1}{4} \\ \hline \end{array}$	A A A	A A	$\begin{bmatrix} 7\frac{3}{4} \\ 7 \\ - \end{bmatrix}$	+		Two previous cæsarean sections. 3 hours' labour. Sterilised. 14 hours' labour. Sterilised. Observation.
$\begin{cases} 3231 \\ 2295 \end{cases}$	$\frac{10}{34}$	$\frac{1}{2}$	36 40	$\frac{-}{4\frac{1}{8}}$	A A	A D	$\begin{vmatrix} 7\frac{1}{4} \\ 11\frac{1}{2} \end{vmatrix}$	+	_	Not in labour. Sterilised.  Not in labour. Sterilised. Infant died of broneho-pneumonia.
2780 $2813$ $2865$	$\begin{bmatrix} 32 \\ 26 \\ 30 \end{bmatrix}$	$\begin{array}{c} 2 \\ 4 \\ 3 \end{array}$	40 40 40	$\begin{array}{ c c }\hline 4\\ 4\frac{1}{4}\\ \hline \end{array}$	A A A	A A A	$\begin{array}{ c c }\hline 5\\ 7\frac{1}{2}\\ 7\frac{3}{4}\\ \end{array}$	+ + + +	_	28 hours' labour. Not sterilised. Not in labour. Sterilised. Not in labour. Sterilised.
2972 3633	$\begin{bmatrix} 29 \\ 30 \end{bmatrix}$	$\frac{2}{2}$	37 39	<u> </u>	A A	A D	$\begin{bmatrix} 5\frac{1}{2} \\ 6 \end{bmatrix}$	+	<u> </u>	Not in labour. Sterilised.  Not in labour. Not sterilised. Infant died of enteritis and influenza.
$4108 \\ 4253 \\ 4676$	$\begin{bmatrix} 29 \\ 30 \\ 25 \end{bmatrix}$	$\begin{bmatrix} 2 \\ 2 \\ 2 \end{bmatrix}$	$\begin{array}{c} 39 \\ 40 \\ 46 \end{array}$	$egin{array}{c} 4rac{1}{4} \ 4rac{1}{4} \ 4 \end{array}$	A A A	A A A	$ \begin{array}{ c c c c c } 8 & & & \\ 8\frac{1}{4} & & & \\ 7\frac{1}{2} & & & \\ \end{array} $	+ + + +	_	Not in labour. Sterilised.  Not in labour. Sterilised.  Not in labour. Sterilised.
4676	25	2 !	46	4 (	A	A	$\frac{7\frac{1}{2}}{}$	+		Not in labour. Sterilised.

Mothers—Alive, 17; died, 1. Infants—Alive, 16; died, 2.

#### B.—Others.

238   31	2	40	$3\frac{3}{4}$	A	A	6	+	_	$13\frac{1}{2}$ hours' labour. Sterilised. Wound
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	7 8	40 41	$egin{array}{c} 4rac{1}{4} \ 4rac{1}{4} \end{array}$	A D	A SB	$\begin{bmatrix} 6\frac{1}{4} \\ 7 \end{bmatrix}$	+ -	<u></u>	sepsis. Irregular dismissal. Not in labour. Sterilised. 24 hours in labour. Sterilised. Peritonitis and pelvic abseess. (See under deaths.)

Mothers—Alive, 2; died, 1. Infants—Alive, 2; still-born, 1.

#### CONTRACTED PELVIS.

### CRANIOTOMY, PERFORATION AND TRACTION, INTERNAL VERSION, BREECH DELIVERIES.

Craniotomy was performed in three cases and perforation and traction in two cases. Two cases were delivered manually by the breech, one case following internal version in a brow presentation and one following prolapsed cord. Both infants died of cerebral birth injury.

A.—Cases under Ante-natal Supervision at Hospital Clinic.

Reg No.	Age.	Parity.	Maturity at Delivery.	D.C.	Res	Sult.	sql Weight of Child.	Spinal Anæsthetic	Pyrexia or Sepsis.	Remarks.					
3084	35	1	38	$4\frac{1}{4}$	A	SB	6		S	Hyp. toxæmia. Breech. Exversion. Intra-uterine deat 55 hours' labour. Craniotom Staphylococcal sepsis.					

#### B.—Others.

526	36	4	40	$4\frac{1}{4}$	A	SB	$7\frac{3}{4}$		_	Hyp. toxæmia. 35 hours' labour. Craniotomy.
1132	31	2	40	$4\frac{1}{8}$	A	SB	10	-		47 hours' labour. Intra-uterine death during labour. Craniotomy
2384	28	7	40	$4\frac{3}{8}$	A	D	$7\frac{1}{2}$	_		and cleidotomy.  Prolapsed cord. Manual breech delivery.
3510	39	5	40	$4\frac{1}{4}$	A	SB	$8\frac{1}{2}$	_		Failed forceps before admission. Prolapsed pulseless cord. Per-
3700	41	7	40	41/4	A	D	91			foration, cleidotomy and traction. Hyp. toxæmia. Brow presentation. Int. version. Manual breech delivery.
4120	39	9	41	$4\frac{1}{4}$	A	SB	$10\frac{1}{2}$		S	94 hours' labour. Perforation and traction. Cancer of the cervix
										was found at delivery. Sepsis—hæmolytic streptococcus.

#### Undelivered.

There were four cases of contracted pelvis dismissed undelivered during the year, three of which were in Category A and one in Category B.

#### DISPROPORTION.

There were six cases in this group, i.e., where the pelvic measurements were normal, but there appeared to be disproportion between the presenting part and the pelvis. Two cases belonged to Category A and four to Category B. Spontaneous delivery occurred in three cases (one primipara and two multiparæ). In one case labour was induced surgically by puncture of the membranes.

Three cases were delivered by lower uterine segment cæsarean section. One case was complicated by hypertensive toxæmia, and an attempt at delivery by forceps failed before admission. This case developed sepsis and the child was still-born. One case also developed sepsis and the mother died following peritonitis (see No. 3074 under deaths). The child was alive. The third case delivered by cæsarean section was found to be due to a mild hydrocephalus. This patient also developed sepsis.

The three infants born spontaneously were all alive.

#### ANTE-PARTUM HÆMORRHAGE.

There were 210 cases of ante-partum hæmorrhage admitted during the year; 90 were cases of placents prævia, 78 were cases of apparent accidental hæmorrhage, and 42 were cases of mixed and concealed accidental hæmorrhage.

#### 1.—PLACENTA PRÆVIA.

Of the 90 cases of placenta prævia six died, giving a percentage mortality of 6·7 per cent. One case died of hæmorrhage and shock; one case died of secondary post-partum hæmorrhage; one case where the delivery occurred before admission died of hæmorrhage and shock following retained placenta and post-partum hæmorrhage; one case died of acute cardiac failure; one case died of pulmonary ædema and collapse following cæsarean section; and one case died under anæsthesia during cæsarean section. There were 12 still-births and 16 neo-natal deaths. There were nine cases of puerperal pyrexia and three cases of sepsis.

Comparative Table for previous 5 years.

			No. of Cases.	Ту	pe.	Mot	ther.		Child.		Pyrexia.	sis.		cality cent.
	1020			Cent.	Α.	D.	Α.	S.B.	D.	Pyre	Sepsis	М.	Ch.	
1938	-	-	114	32	*82	110	4	70	23	17	8	1	3.5	36.4
1939	-	-	95	27	68	94	1	55	21	23	1	1	1.1	$44\cdot4$
1940	-	-	82	21	61	81	1	42	21	20	4	1	$1\cdot 2$	49.4
1941	-	-	66	22	44	62	4	29	15	22	6	$2 \mid$	$6 \cdot 1$	56.0
1942	_	-	88	22   66   8		86	2	59	14	14	1	4	$2 \cdot 2$	32.2

#### A.—Cases under Ante-natal Supervision at Hospital Clinic (Total, 26).

	Ty	/pe.	Mot	her.		Child.		Pyrexia.	Sepsis.	Mort per o	eality
Mode of Delivery.	Cent.	Partial.	A.	D.	Α.	S.B.	D.	Pyr	Sej	М.	Ch.
Spontaneous	I —	12	12		8	1	3		-	l — I	$25 \cdot 0$
Cæsarean section	2	7	8	1	8	1	1	1		11.1	$22 \cdot 2$
Forceps		3	3		3	[ ]			—		
Manual breech		1	1	—	1	—					_
Undelivered	_	1		1				—	_	100.0	
m / 1	- 0	0.4	24	$\frac{}{2}$	20	9	4	1	0	$7 \cdot 7$	$\overline{23\cdot 1}$
Totals	2	24	24	2	20	2	4	1	1 0	1.1	43.1

#### B.—Others (Total, 64).

Spontaneous	-	- 1	2	17	19	1 —	11	5	3	1	1		42:1
Cæsarean section	-	-	16	24	38	2	29	4	8	7	2	5.0	$29 \cdot 3$
Forceps -	-	-		1	1		1						
Manual breech	-	-	2	1	2	1	1	1	1			33.3	66.7
B.B.O	-	-	_	1		1				_	_	100.0	
Totals	-	-	20	44	60	4	42	10	12	8	3	6.3	34.3

#### Groups A and B (Total, 90).

								<u> </u>					
Spontaneous	-	-	1 - 2	29	31		19	6	6	1	[ $1$		38.7
Cæsarean section	-	-	18	31	46	3	37	5	9	. 8	2	$6 \cdot 1$	27.5
Forceps -	-	-		4	4		4	-			<u> </u>		—
Manual breech	-	-	2	2	3	1	2	1	1			25.0	$50 \cdot 0$
B.B.O	_	_		1		1		—				100.0	—
Undelivered -	_			1		1						100.0	
Totals			22	68	84	6	62	12	16	9	3	6.7	31.1
Totals	-	-	م ک ک	00	04	0	02	12	. 10	•)	0	0,1	011

A.—Cases under Ante-natal Supervision at Hospital Clinic.

	£	Nemarks,	Child died cerebral hamourhage	Observation.	79 hours' labour	incare recourt.		Surg. induct. A.R.M.	Acute cardiac failure. (See under	AA	O.D.	Twins. V. and V. Blood trans-	, 2 pints; P dema. $(\lambda$	deaths.) C.P. 11 hours' labour. Pyrexia	(respiratory). Surg. ind. A.R.M. The abortion Previous section	D	Sterilised.		Surg. ind. A.R.M. A.R.M. in labour. Child died	ectesis.
	rst Jing.	¤ Bleed ≰ Ei	66		40 36	 8 8 8 8	34	35 50 40 60 70	42	39	1	20	$\frac{\text{and}}{3^{\frac{3}{4}}}$		40		22	40	30 80 80	
	ro sis sis	Pyres					1			1				Ъ						
	ght of blir	io W ed	87.	4	8 °C	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4	- C	4		1			<del>4</del>	r			6 4	<del>ပ</del>	
	Result.	Ch.		1	44	A	A.	A 4	1	Ą		Q	and SB	A	A		A	A.	A U	
	Re	M.	A	A	44	A	A.	₹ 4	10	Ą	<	10		A	A A	1 4	14	A.	44	
Jan	Mode of	Delivery.	Spontaneous	Undelivered	Class. cæs. section	Low forceps	Spontaneous -	Spontaneous Class cas section	Undelivered -	Spontaneous -	Undelivered .	Class. cæs. section		L.U.S. section	Low forceps Undelivered	Undelivered .	Class. cæs. section	Class, cæs, section	Low forceps - Spontaneous -	
	Type.	Partia	+	1	++	+	+ -	+ +	+	+	1	1		+	+ 1	1	+	+	+ +	
	Ty	Centra								ı	1	+		!	1 1		1	1	1 1	
	Condition	Admission	Good	Good	Good	Good	Good	Good	Good	Good	Good	Fair		Good	Good	Good	Good	Good	Good	
-	urity at livery	k Mat	29	36	36 36	38		99 40	42	39	30	37		38	23	30	42	40	30	
Ţ	no Virit noissin.	daMata	29	36	40 36	38	<del>चा</del> भ	55 40	42	39	53	34		38	40	28	36	40	39	
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	Age	0	23	36	41	29	ಲ ಈ ಗ	357	39	24	33			21	28 24 24				36	
-	oX .	вэЛ	412	623	940	1056	1996	1239	1287	1389	£1509	2090		1617	1991 7 2096	2743	2377	2364	2508	

	Remarks	POTEGE NO.		Previous section. Sterilised.	Breech and ext. legs.	Cardiae. Surg. ind. A.R.W.	Prolapsed cord.	Shoulder. Ext. version. Re-	currence shoulder. Int. version.			30 hours' labour.	H.B.P.	80 hours' labour. Child died	from prematurity and cerebral	
.Bu	irsi	© BJee ≰ E		37	43	38	33	35		39	40		38			
e or	six sisq	Pyre Sel														_
to to	lgi: lid:	N S		5	∞ 2 –  ¢	— 19 19 19 19	4	64	<u> </u>	$6\frac{1}{4}$		$6\frac{1}{4}$		C1 114		_
Result.		Ch.		A	A	A	SB	A		A	A	A	A	Q		
Re		M.		A	A	A	A	A		A	A	A	A	A		
	Mode of	Denvery.		Class. cæs. section	Class. cæs. section	Spontaneous -	Spontaneous -			Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -		
Type.	.lı	Partis	_		+	+	+	+		+	+	+	+	+		
Ty	· Iu	септу		+	1	1		1		1		1	1	1		
Condition	on	Admission		Good	Good	Fair	Good	Good	į	Good	Good	Good	Good	Good		
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ty on	ian	tsM \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		37	38	38	33	35	į	30	40	39	38	29		
٠٨٠	ļi.	P <sub>8</sub>		ಬ	ಬ	ಬ	4	কা	,	<b>—</b>	গ	-	4			
	Age.			34	36	40	34	39	(	22	32	20	31	28		
oN	g	,9 <b>%</b> I		2539	2630	2703	3185	3287	(	3734	3855	3878	4001	4640		

Mothers—Alive, 24; died, 2. Infants—Alive, 20; still-born, 2; died, 4.

3.—Others.

		Child died			
Sterilised.	Surg. ind. A.R.M.	Blood transfusion.	tasis. Sterilised.	Resuture of wound.	
32	44 36	29	37	36	
			1		_
4 70 64-14	- S 9	4	61		
$\frac{\mathrm{SB}}{\mathrm{A}}$	A A	D	Ą	AA	
AA	4 4 4	A	Ą	AA	
Spontaneous - Class. cæs. section	Spontaneous - Class. cæs. section	Class. cæs. section	Class. cæs. section	Class. cæs. section Spontaneous	
+ 1	+ +	+	+	++	
+	1 1	1	ı	1 1	
Good	Good Good	Good	Good	Good Good	
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36	44	ee ee	37	36	
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43		22	37	25 S	
21.84.	289 304	335	374	383 414	

	remarks.	dalic		Verse arrest.  Death under anæsthesia. (See		Pyelitis. Int. podalic version. Blood	transtusion. Gonorrhæa. Breech. Snontaneous version	Child died fr tty.  Retained	placenta manually removed. Blood transfusion (two pints). Ret. placenta expressed. Blood	transtusion. Blood transfusion. Hyp. toxæmia.	P.U.O. Sterilised. Child died from prematurity and atelectasis.
rst ding.	\$ Elee		33	37	24 36	39	41 36 37 34	34	37	23 36 36	30
xis or size.	Pyres		러	11			1   1			a	- C1
to Maji plid	S Men	<u>4</u>	7	7	5 4 4 4	14   15 m	3 C 4 cc	, 10		6 6 1 1 1 1 1 1 1	> co 21-14
Result.	Ch.	SB	A	AA	AA	A   SB	4440	SB	A	A A S	<u> </u>
Re	M.	<u>a</u>	AA	A	AA	444	ব্ধব্ধ	A A	Ω	444	A
Mode of	Delivery.	Manual breech -	Class. cæs. section Mid forceps	Class. cæs. section L.U.S. section	Spontaneous - Class. cæs. section	Class. cæs. section Undelivered Spontaneous	Manual breech - Spontaneous - Spontaneous - Spontaneous -	Spontaneous .	B.B.O.	Spontaneous Class. cæs. section Class. cæs. section L.U.S. section	Class. cæs. section
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Type.	Centra	+	1 1	ĺ	I +	+	1 1 1 1	+	l	+	1 .
Condition	Admission	Poor	Good	Good	Good Fair	Good Good Fair	Good Good Good	Fair	Fair	Fair Good Fair	Good
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urity on .	ntsM \(\frac{\fir}{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac}{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac}{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\fir}}}}}{\frac	37	39	37	36	39 26 28 28	41 35 34	34	37	43 39 36	31
rity.	Pa	- 67	44	44	215	401		$\infty$	10	4 m H	9
Age.	0	30	34 25 25	33	30 43	35 27	8 8 9 9 7 8 4 9	29	45	320	38
on 8	<sub>39</sub> Я	512	700	745 798	974 990	999 $(1113$ $(1931$	1158 1177 1436 1443	1557	1941	2316 2550 2358	2551

Remarks.	Fibroid. Myomectomy. Sterilised. Blood transfusion. P.U.O. Sterilised. Hyp. toxamia. Hyp. toxamia. H.B.P. P.U.O. Surg. ind. A.R.M. Surg. ind. A.R.M. Surg. ind. A.R.M. P.U.O. Child died of prematurity and influenza. Blood transfusion (2 pints). Twins. V. and V. Children died of prematurity. Sec. P.P.H. Blood transfusion. Plasma transfusion. (See under deaths.) Sterilised. Blood transfusion.
First Bleeding.	12
Pyrexia or Sepsia.	
Neight of Shild	10
Result.	AA AAAAA SB SB SB SB SB SB SB SB SB SB SB SB SB
M. Re	
Mode of Delivery.	Undelivered - Class. cæs. section class. cæs. section - Undelivered - Spontaneous - Class. cæs. section Spontaneous - Class. cæs. section class. cæs. section class. cæs. section class. cæs. section Manual breech - Spontaneous - Spontaneous - Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section
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Condition on Admission	Good Good Good Good Good Good Good Good
ts thiritald & The transfer of the transfer of	38 38 38 38 38 38 38 38 38 38 38 38 38 3
no thrunts M & Admission.	30 30 30 30 30 30 30 30 30 30
-varity.	_
Age.	25 48 48 48 48 48 48 48 48 48 48
Reg. No	\$\begin{align*} 2956 & 3475 & 2980 & 3050 & 3250 & 3250 & 3383 & 3383 & 3383 & 3384 & 3544 & 3544 & 3576 & 3696 & 3696 & 3696 & 3842 &

Remarks.	Child died of influenzal pneu-	Breech. Ext. version. Child died of prematurity and	Child died of prematurity. Sterilised. Blood transfusion. Blood transfusion.	ation	Hæm. strep. Child died of influenzal pneumonia. Sterilised. Child, Mongol, died from influenza. Blood transfusion. Transferred	Isolation Hospital. H.B.P. Sterilised. Coliform sepsis. Blood transfusion.
First Bleeding.	36 36	22 41 32	3 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 c c c c c c c c c c c c c c c c c c c	3 27 28	39 38 36 37
Pyrexia or Sepsis			1 1 1 1		$\infty \mid \infty$	\infty
fo JugisW $\frac{1}{2}$	7	6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4 5 8 70	2000 0 1 4-101-101-14   614-1	- 10 4 - 14 4	L C C 0
Result.	<u> </u>	AAD	SBAB	বিবৰ   বং	S C	4444
Re M.	AA	AAA	4444	বিবৰবৰ:	4 4 4	4444
Mode of Delivery.	Undelivered Class. cæs. section	Class. cæs. section Spontaneous - Spontaneous -	Spontaneous - Class. cæs. section Class. cæs. section Class. cæs. section	cæs. cæs. aneou iverec	Class. cæs. section Class. cæs. section Spontaneous	Class. cæs. section Class. cæs. section Class. cæs. section Class. cæs. section
Partial.	++	1++	++11	1,++11	1 1 +	++   +
Central.		+	11++	+       +	+ + 1	1 1 + 1
Condition on Admission	Good	Good Good Good	Good Good Good Collapsed	Good Good Good Good	Good	Good Good Good Moderate
de laturity at Melivery	37	35 41 33	33.0 3.0 3.0 3.0 3.0	33 32 41	33	39 40 39 37
morturity on Maturity on Maturity on Maturity	38	35 14 32 32	4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 m m m m m m m m m m m m m m m m m m m	33	355
Parity.	61	수 4 4 8	ro41	4000	2 0 2	— w ∞ ro
Age.	30	2122 424	4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	24 cs cs - cs - cs - cs - cs - cs - cs -	35 £ 25 £ 43 £	36 27 39 30
P. Keg. Zo	$\begin{cases} 3873 \\ 4125 \end{cases}$	3905 3911 3963	4013 4046 4095 4131	4170 $4171$ $4223$ $4229$ $4229$	4374 4390 4446	4480 4579 4673 4784

Mothers—Alive, 60; died, 4. Infants—Alive, 43; still-bcrn, 10; died, 12.

#### 2.—Apparent Accidental Hæmorrhage.

There were 78 cases of apparent accidental hæmorrhage during the year. Sixteen infants were still-born and four died later. This gives an infantile mortality rate of 28.6 per cent. There were two cases of puerperal pyrexia and none of sepsis. No cases required blood transfusion.

#### A.—Cases under Ante-natal Supervision at Hospital Clinic (Total, 20).

	M	ode of	f Deliv	ery,			Мо	ther.		Child		Pyrexia	Sepsis
							A	D	A	S.B.	Died.	Pyı	Se
Spontaneous	_	-	-	_	_	-	15		12	3		1	
Forceps -	-	-	-	-	-	-	$\frac{1}{2}$		2		-		_
Manual breech Undelivered	-	-	-	-	-	-	$\begin{vmatrix} 1\\2 \end{vmatrix}$						
	То	tals	_	•	-	-	20		14	4		1	

#### B.—Others (Total, 58).

						ļ					1
Spontaneous	-	-	-	-	45		32	9	4	1	—
Forceps	-	-	-	-	3	—	3		i —	_	_
Manual	-	-	-	-	2	_		2		—	
Cæsarean section -	-	-	-	-	1	—	1				
Destructive operation	-	-	-	-	1	-		1			_
Undelivered	-	-	-	-	6	_	'	—			
											l
Totals -	-	-	-	-	58		36	12	4	1	_

#### Groups A and B (Total, 78).

							}			[
Spontaneous	-	-	-	_	60	 44	12	4	2	
Forceps	_	-	_	-	5	 5		l		
Manual	-	_	_	-	3	 	3			
Cæsarean Section -	_	_	-	-	1	 1				
Destructive operation	_	_	-	_	1	 	1			
Undelivered					8	 /				
Totals -	-	-	-		78	 50	16	4	2	

#### Comparative Table for previous Five Years.

				No. of	Maternal		Child.			
	Y	ear.		Cases.	Deaths.	Α.	S.B.	Died.	Pyrexia.	Sepsis.
1938	_	-	-	111	2	71	20	9	5	$\overline{2}$
1939	-	_	-	148		83	24	20		2
1940	-	_	-	115	2	66	17	12	1	1
1941	-		-	130	1	83	10	21	4	1
1942	-	44		89		54	12	12	$\overline{2}$	1

A.—Cases under Ante-natal Supervision at Hospital Clinic.

		Remarks		Anencenhalic monster.				Not readmitted.	1	Surg. ind. A.R.M.		4	Surg. ind. A.K.M. 30 hours labour. Pyrexia (urinary).	i	Ext. acc. hæm.	,	$\delta 0$	Surg. ind. A.K.M.	A.K.M. in labour.		Suna ind A P M 90 houns,		Prolapsed cord. Breech presen-	tation.	Not readmitted	47 hours' labour.	still-born, 4.
Cumic.	,	Highest Blood Pressure		130/80		\	144/94 $130/85$	_	_	_			200/120	140/78	120/70	1	124/86	148/98	110/80	170/38	150/112	001/001	126/76	190/70	1.10/70	135/90	-Alive, 14;
spua		unimudiA		]	1					1	1	1		1	1	1		1			e	٠ -					1 1
011 2		Pyrexia Sepsis	_									6		1		1	1		1	1	1	1					Infants-
on a	· lo	Weight Child	lbs.		4		~~~ √2 ∝ √4 π/2	-	7		64/3	025	42			9	70 10		- 5 - 16	B	 O @  44 €	0	4	00	) 	7.3	20.
Supervision at Hospital Cumic.	1	first Bleeding before Delivery.		3 hours			2 days 17 hours	. ,	4 hours				35 hours	1	12 weeks				$4\frac{1}{2}$ hours	3 Weeks		z days	9 days	2 0000	o days	6 days	rs—Alive,
- 1	ult.	Ch.		7. 2.	1	A S	N A		A	A	A.	₩.	A			A	A	A.	A	<	₹ <	4	SB	Z Z	<u>a</u> ,	A	Mothers
Ante-natat	Result.	M.			1	¥ -	4 4		A	A	A.	A.	V V	A	A	A	A.	V.	V,	₹ <	√ <	—— ♥	A		4		A
-Cases under An		Mode of Delivery.		Spontaneous	Undelivered -	Spontaneous -	Spontaneous -	Undelivered -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Undelivered .	Undelivered -	Spontaneous -	Low forceps -	Spontaneous -	Spontaneous -	Undelivered -	Spontaneous -	Spontaneous -	Manual breech	Chort-proofing	The olivered	Low forceps -	if undelivered.
A.—(		Condition on Admission.		Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Fair	Good	Good	Fair	Good	Good	G00d	G000	G000	Good	700	2000	Good	Or dismissal
	at •	Waturity Uelivery	wks	* 00	- က က	30	25.4 40.4	33.5	41	- 04	40	38	3 2	23	28	38	40	35	က က ပ		ن ا ا	0#	37	·	14 C	04	0 *
	uo uo	YdirutsM oissimbA	wks	90		39	25. 40.	325	41	39	40	37	08,	21	26	38	40	35	က က က	30	00 c	40	36		04	40	
		Parity.		-		'	ب د د	က	က		<b>01</b>	<b>01</b>	્ય	_	1	1	H	တ	σo ,	<b>-</b>	-	П	<b>©</b> 1	G	4 c	7	
		Age.		96	6.01 4.01	1 8	21 8 21 8	200	29	21	23	33	35	31		1	26	30	36	3.1	6	23	27	06	000	2 2 3 3 3 3 3	
		Reg. No.		, K	55	\\ 467	500	03.00 03.00	617	096	1485	1491	1494	(1649	2118	3290	1816	1862	2200	2497	2701	3093	3735	000	5000	2324 4489	

	Remarks				P.U.O.	A.R.M. in labour.	Examination.	Child lived 14 hours	Cinia non 12 monto.	A.R.M. in labour.			<u>ਰ</u>				38 hours' labour.		Gonorrhæa.	61 hours, labour. Transverse	ad.	Observation. A R. M. in Jahonn	Surg ind A B.M			21 hours' labour. Vertex.—	impacted shoulders. Meningocele.
	Highest Blood Pressure		116/70			110/75	120/00	130/80	130/90	132/90	106/66	150/60	09/011	155/85	*	114/70	144/100	09/06	130/92	110/70	136/04	128/88	120/80	120/80		158/102	
	unimud[A							1	1																1	1	
	Pyrexia Sepsis				<u> </u>					1									1	}		}	1		1		
lo	Weight Child	lbs	7.1	- - - -	1 O 1	7 1 6	6 1 4	e 		, 7C	び 8年		[	25	N 	બ	9	ञ	<u>್ಷ</u>	5 10 10		1/2	3 <del>-</del>	61	10 <u>1</u>	∞ 	
, i	First Bleeding before Delivery.		1 day		$\frac{2}{2}$ days	6 days	4 days				10 weeks		-	1 day 1 day	Comp. 4	13 hours	19 days	$8\frac{1}{2}$ hours			1	12 hours		28 hours	$3\frac{1}{2}$ hours	$3\frac{1}{2}$ hours	
Result.	Ch.		_	SB	4	V V	<	<u> </u>	A	A	¥	,		₫ ⋖	1	SB	V	SB	W.	A		A	A	A	S B	SB	
Res	M.		- <	A	₹,	< <	₹ <	A	A	A	∢.	K -	₹ <	4 A	<del></del>	A	A	A	A.	A	A	A	A	A	A	A	
	Mode of Delivery.		Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -		Chaemverea -	Spontaneous -		Spontaneous - [	Spontaneous -	Spontaneous -	Spontaneous -	Mid forceps -	Undelivered -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Manual	
	Condition on Admission.		Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good		Good	Good	Fair	Good	Good	Good	Fair	Good	Good	Good	Good	
ts.	Maturity Deliver	wks	33	30	30	96 7.0	2 2 3 3 3 3 3	28	39	36	07	00 70 70 70		66 04		 58 78	က က		000	425	, ec	- xx	39	37	36	46	
on.	TirutsM SissimbA	wks	37	30	ე ე ე	26	) 0 0 0 0 0	28	39	36	080	\$ ? ?	200	96 40		28	37	 	02.	77	34	38	39	37	36	46	
	Parity.		$\infty$	20	ပ္	ე -	-	21	ಣ	S7 (	2J 6	3				4	— (	$\infty$ ,	r	_	4		ગ	20	9	70	
	Age.		35	35	21 c 25 n	0 0 0 0 0 0	Q	22	37	23	27 c 28 c	207		87		24	% % %	27 ; 20 ;	) i	34	<u>භ</u>		32	28	34	37	
	Reg. No.		55	136	155 996	0270	419	314	424	460	496	200	1546	585		626	775	922	989	1000	C1447	1745	1472	1549	1566	1639	

													•										1
	Remarks	Surg. ind. A.R.M. Child lived 10 hours.	Not re-admitted.		Not readmitted.		Surg. ind. A.R.M.	)	29 hours' labour.	J. 17	intra-uterine death of rætus during labour.	)	Not readmitted	Mild hyperemesis.	Surg. ind. A.R.M. Child lived	Sol Hours.	Hydrocephalus. Breech.		Surg. ind. A.K.M.	not readifited.	46 hours' labour.		
	Highest Blood Pressure	134/90	_ \		$\frac{124/76}{120/80}$	_ '	135/80		138/90	00/ 80 8	104/60	112/76	130/70	120/66	126/88	110/50	136/84	160/98	132/96	155/88	156/110	160/100	-
ria.	unimudlA					1						1										+	
OF	Pyrexia. Sepsia.					1						1										1	
- 10	Theight E	$3\frac{11}{16}$	0	77 TO 0 10 0 0	7	D (	20 70 41/2	o o	L 4 14-16	51 1 C	α	=	4 16	1	က		9	ا	6±	53	5 co 4 to	$\infty$	
, i	First Bleeding before Delivery.	8 hours		2 days 3 weeks	4 hours		11 days 26 hours		21 hours 10 days		z days	7 days			16 hours	4 weeks			11 hours	0 hours		21 days	
	Gp.	A	1 8	A P	A	A.	<b>4</b> 4	SB	A A	1 8	N N N	-	A A		А		SB	A.	V	<	SB	N	-
Result.	M.	A	A	A A	44	A.	44	A	44	1 -	 V	A .	₩ <		A	A	A	A	√	√ <	4	A	
	Mode of Delivery.	Spontaneous -	Undelivered -	Spontaneous - Spontaneous -	Spontaneous - Undelivered -	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous -	Spontaneous -	section :	Craniotomy -	Undelivered -	Spontaneous -		Spontaneous -	Undelivered -	ch	Spontaneous -	Spontaneous -	Chaelivered -	Spontaneous -	Spontaneous -	
	Condition on Admission.	Good	Good	Good	Good	Good	Good	Good	Good	i .	Fair	Good	Good	Good	Good	Good	Good	Good	Good	G000	Good	Good	
ts ∙7	A Maturity B Silvery	32	36	82.4 14.1	350	41	85 14 14	40	40		40	35			30	32	345	36	3:	30	33 co	41	
uo'uo	ytirutsM \square	32	34	87. 4. 1.	3 co	40	37	40	40	3	04	34		 	30	30	34	36	34 8	22.0	 	30	
	-Vdirsa	4	70 T	೧ –	で 4	-	— თ	က	ତା ତ	1	10	N	-	⊣ ಣ	-	6.	9	ಣ	<u> </u>	က <u>(</u>		-	
	Age.	31	35	2 m	30	23	16	26	29	1	43	27	10	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		25.	2	32	17	34	1.9	31	
	$ m Reg. \ No.$	1848	1872	2081	2203 2220	2308	2323 2333	2393	2395		2578	2626	2711	(2705)	(4714	(275)	3081	2776	3022	3062	3113	3294	

Remarks	Surg. ind. A.R.M.  A.R.M. in labour. Second stage delay.  C.P. D.C. 4\frac{3}{8} inches.  Surg. ind. A.R.M.  Surg. ind. A.R.M.  Surg. ind. A.R.M.  Child died with cerebral ham. and influenza.  Breech. Exomphalos, encephalocele.
Highest Blood Pressure	120/60 112/72 110/70 138/82 134/60 134/90 160/110 230/120 122/76 180/70 125/85 118/88 148/95 152/104 120/70
AlbumimudiA	
Pyrexia or Sepsis	
Weight of Child.	10 00 L L   0 20   L   L 10 10 10 0 10 10 10 10 10 10 10 10 10 1
First Bleeding before Delivery.	7 hours 8 hours 11 days 4 hours 8 weeks
Result.	SB DAAA   ABAA   SB
Res	4444444444444 <b>4</b>
Mode of Delivery.	Spontaneous - Spontaneous - Spontaneous - Undelivered - Spontaneous - Spontaneous - Undelivered - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous -
Condition on Admission.	Good Good Good Good Good Good Good Good
Maturity at Selivery.	38 39 39 30 30 31 32 33 33 34 35 36 37 38 38 38 38 38 38 38 38 38 38
no thinity on Katurity on Katurity	38 6 4 6 9 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Parity.	œ ∞ 4 −     ω − 4   ω −   − 4 − −
Age.	22 33 33 33 36 36 37 38 38 38 39 39 39 39 39 39 39 39 39 39 39 39 39
Reg.	3467 $3589$ $3725$ $3829$ $3829$ $3861$ $4124$ $4611$ $3893$ $3932$ $4472$ $4175$ $4444$ $4293$ $4521$ $4521$ $4551$

Mothers—Alive, 58. Infants—Alive, 36; still-born, 12; died, 4.

#### 3.—MIXED AND CONCEALED ACCIDENTAL HÆMORRHAGE.

There were 42 cases of mixed and concealed accidental hæmorrhage, of which seven died, thus giving a mortality rate of 16·7 per cent. There were 30 still-births, eight infants were born alive but one died later. The infant mortality rate was thus 81·6 per cent. There was one case of pyrexia and two of sepsis. Eleven cases received blood or blood plasma transfusions. In six cases the hæmorrhage was of the concealed type and in 36 cases of the mixed type.

#### A.—Cases under Ante-natal Supervision at Hospital Clinic (Total, 6).

Mode of Delivery.						Mot	Mother. Child.  A D A S.B. Died.				Pyrexia	Sepsis.	
Spontaneous	-	-	-	-		-	5	_	3	3		1	_
Undelivered	-	-	-	-	-	-	-	1	İ —	 			
	Totals	-	-	_	-	-	5	1	3	3	_	1	

#### B.—Others (Total, 36).

							[				
Spontaneous*	-	-	17	-	23	1	4	18	1		
Forceps	_	-	-	-	5			5			1
Cæsarean section -	-	-	_	-	1	]		1		—	
Destructive operation	-	-	-	-	1	2		3			1
Undelivered	-	-	-	-	-	3	-	-	_	_	_ ,
Totals -	-	_	_	-	30	6	4	27	1	_	2

#### Groups A and B (Total, 42).

					1		1				
Spontaneous*	-	-	-	-	28	1	7	21	1	1	—
Forceps	-	-	-	-	5	—	—	5	—	—	1
Cæsarean section -	-	-	-	-	1	—	—	1	_	—	
Destructive operation	-	-	-	-	1	2	_	3		_	1
Undelivered	-	-	-	-	-	4	<u> </u>	_	-	- ,	_
					-						
Totals -	-		-		35	7	7	30	1	1	2

#### \* 1 Miscarriage.

#### Comparative Table for previous Five Years.

						Chil	ld.		
Year.	No. of Cases.	Maternal Deaths.	Mixed	Con- cealed	A.	S.B.	D.	Pyrexia.	Sepsis.
					7.0		,	6	9
$ \begin{array}{rrr} 1938 & - \\ 1939 & - \\ \end{array} $	$\begin{array}{c} 91 \\ 93 \end{array}$	$\begin{bmatrix} & 6 \\ 3 & \end{bmatrix}$	83 82	8 11	$\begin{array}{c} 16 \\ 4 \end{array}$	71 89	$\frac{3}{2}$	$\begin{bmatrix} 3 \\ 6 \end{bmatrix}$	$\frac{2}{-}$
1940 - 1941 -	59 69	$\begin{bmatrix} 6 \\ 5 \end{bmatrix}$	45 58	$\begin{array}{c} 14 \\ 11 \end{array}$	$\begin{array}{c} 10 \\ 14 \end{array}$	$\begin{array}{c} 39 \\ 42 \end{array}$	$\frac{9}{10}$	$\frac{2}{1}$	<u> </u>
1942 -	64	$\frac{1}{2}$	59	5	11	43	9	1	_

60

ACCIDENTAL HEMORRHAGE.

MIXED AND CONCEALED.

A.—Cases under Ante-natal Supervision at Hospital Clinic.

				60
	Remarks.	20 hours' labour. P.U.O. Puerperal in-	sanity developed. 6 ozs. R.P. clot. 2 oz. R.P. clot. Blood transfusion and blood plasma trans-	fusion (See under 99 deaths.) 12 ozs. R.P. clot. Twins. (1) Vertex; (2) Breech.
-	Highest Blood Pressure	145/85 130/90	$\frac{130/84}{164/92}$	$\frac{150/104}{130/94}$
Se Se	Peroentagi nuimudik	Tr.	4	,
10	Pyrexia Sepsis	10		
lo	tdgieW =	3 16 2 16 2 16 2 16 2 16 2 16 2 16 2 16	0	<u> </u>
	First Bleeding before Delivery.	3 days 24 hours	2 days —	7 hours 22 hours
ult.	Ch.	AA	A	SB SB and SB
Result.	M.	A	AU	AA
	Mode of Delivery	Spontaneous - Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Spontaneous -
be.	Concealed.	11		
Type.	.bəxild	++	++	++
	Condition on Admission.	Good	Good	Good
at .'.	Asturity Asturity Asturity	30	40 28	39
ou'	girintsM $\Xi$ issimbA $\Xi$	30	40 26	39
	.vdirs4	रा ग्ट	L 4	D 60
 	Age.	30	29 31	36
	Reg. No.	229 718	1415	2214

Mothers—Alive, 5; died, 1. Infants—Alive, 3; still-born, 3.

B.—Others.

Surg. ind. of miscarriage. 40 ozs. R.P.	clot. Blood transfusion.  Brow—corrected. Surg. ind. A.R.M. Blood transfusion. R.P. clot, 40 ozs.
130/80	130/88
$\infty$	Tr.
	1
	<b>!</b>
	6 hours
	SB
A	. A
Spontaneous -	Mid forceps -
+	1
	+ .
Poor	Poor
56	40
26	40
6	11
- F	40
106	132

						OT										
	Remarks.	Observation. Bad	Observation. Observation. 16 ors. R.P. clot	6 ozs. R.P. clot.	(See under deaths). 20 ozs. R.P. clot.	Blood trasnfusion. 34 hours' labour. Transferred to Isola-	tion Hospital—dismissed well.	28 ozs. R.P. clot. 12 ozs. R.P. clot.	Blood transfusion.	Blood transfusion.	Rupture of uterus. 32 ozs. R.P. clot.	32 ozs. R.P. clot.		28 ozs. R.P. clot.	Surg. ind. A.R.M. 4 ozs. R.P. clot.	
	Highest Blood Pressure	138/88	$\frac{140}{85}$		130/90	144/90		$\frac{120}{115}$	120/50	00/001		150/110	215/150	140/90	200/132 $118/58$	
eg. eiria	Percenta unimudlA			+	1			1r.	+ -	-	+	-	4	+	+	
ю	Pyrexia Sepsis				1	$\infty$										
ìo	F Weight Shild		0	2 2 2 2 2 2		00 1- 67		4 16 7 3	ಲ 1ಬ 4		63	ر اع اع	5 70 4 H/01	$5\frac{1}{2}$	3 15 7 3 16	
1	Fust Bleeding before Delivery.	1	0 pours		22 hours	38 hours		6 hours	8 hours			19 hours	£	7 hours	5 days 2 days	
ult.	Ch.		%	SB	1	SB		S S S	SB		SB	N A	$^{\mathrm{SB}}$	SB	AA	
Result.	M.	A	444	A	Q	A		A A	A C	3	Ą	4 A	A	A	AA	
	Mode of Delivery.	Undelivered -	Undelivered - Undelivered - Spontaneous -		Undelivered .	Mid forceps -		Spontaneous - Spontaneous -	Spontaneous -		Low forceps -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous - Spontaneous -	
Type.	Concealed.	1		and the same of th	1	1		+ 1			I		+	l	1 1	
Ty	.hexiM	1	+	- +	+	+		1+	+ -	_	+	+ +	- 1	+	++	
	Condition on Admission.	Good	Good Good Fair	Poor	Fair	Good		Fair Fair	Poor	7	Fair	Fair Fair	Fair	Poor	Good	
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	Reg. No.	216	516 791 1450	243	255	298		320 394	565	100	653	707	1140	1166	1214 1247	

	ł		1				32				
		Remarks.	(See under deaths). 24 ozs. R.P. clot.	Urinary suppression. Blood transfusion.	12 ozs. R.P. clot. (See under deaths). Shoulder. Rupture	of uterus. 16 ozs. R.P. clot. Breech. Cardiac.	Child lived 9 hours. Intra-uterine death. Surg. ind. A.R.M. 44 hours' labour. Blood and blood	plasma transfusion. 12 ozs. R.P. clot. Pseudo-malacostean pelvis. Blood and	plasma transfusions. Shoulder. Int. podalic version. 4 ozs. R.P.	clot.  Blood and plasma transfusions. (See under deaths.)	
		Highest Blood Pressure	09/06	170/110	165/110	$\begin{array}{c} 120/78 \\ 140/80 \\ 124/78 \end{array}$	$\begin{array}{c} 110/68 \\ 184/108 \\ 200/96 \\ 140/86 \end{array}$	110/78	120/68	09/06	
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	an	Pyrexia Sepsis	1	1	Ω.			.	1	1	
	lo	Weight S	. 5 4	214	50 4	12 C C C C C C C C C C C C C C C C C C C	∞ 4 ∞ 0 	£ 4 4	ය වූ		-
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1	Result.	Cp.	SB	$_{ m SB}$	SB	SB	SB SB SB SB	SB	SB		
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		Mode of Delivery.	Spontaneous -	Spontaneous -	Decapitation -	Spontaneous - Spontaneous - Spontaneous -	Mid forceps - Spontaneous - Mid forceps - Spontaneous -	Classical cæs. section	Spontaneous -	Undelivered .	
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		Condition on Admission.	Poor	Poor	Good	Fair Good Good	Good Good Good Fair	Fair	Good	Very poor	
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		-Varity.	Ø	4	6.1	401	L	īΦ	G	$\infty$	
		Age.	35	33	35	35 21 28 28	28 44 34 26	29	42	54	
		Meg.	1401	1547	1625	$\begin{array}{c} 1706 \\ 1780 \\ 2146 \end{array}$	2345 2387 2675 2721	2868	2895	3312	

	Remarks.	Surg. ind. A.R.M. P.P.H. Blood and	plasma transfusions. 10 ozs. R.P. clot.  Blood and plasma transfusions. 28 ozs. R.P. clot. (See under	deaths.) Blood transfusion.	20 ozs. K.P. clot.	A.R.M. in labour.	
	Highest Blood Pressure	100/70	134/96 138/90	140/60	130/85	156/98	
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OL	Pyrexia Sepsis		1 1	1		-	
lo	thgisW ≅ Shild.	62	4 %	4	62	ŗ¢.	
i i	First Bleeding before Delivery.		32 hours —	6 hours	1	4 hours	
ult.	Ch.	SB	SB	SB	SB	SB	
Result.	M.	A	AU	A	A	A	
	Mode of Delivery	Spontaneous -	Spontaneous - Perforation and traction	Spontaneous -	Perforation	and traction Spontaneous -	
Type.	Concealed.	+	1 +	1	+	l	
Ty	Mixed.	1	+ 1	+	1	+	
	Condition on Admission.	Good	Good	Fair	Good	Good	
JE .	A Maturity Deliver	96	42	34	30	39	
on.	YtirutsM 🙎	36	40	34	30	38	
	-Varity.			9	67	H	
	Age.	39	85 85 25 25	88	59	29	
	Reg. No.	3314	3767	4060	4070	4134	

Mothers—Alive, 30; died, 6. Infants—Alive, 4; Still-born, 27; died, 1.

#### Blood Transfusions.

Ninety-eight patients were treated by blood transfusions, 111 pints of blood in all being given. Fifty-six patients were treated with blood plasma transfusions, 69 pints of plasma being given. Many of the patients received both blood and plasma, and all the fatal cases in which plasma was used also had blood transfusions.

Condition.	Ruptured Uterus.	Retained Placenta and P.P.H.	P.P.H.	Abortions.	Accidental Hæmorrhage.	Placenta Prævia.	Anæmia.	Obstetric Shock,	Totals.
Blood, No. of cases - Maternal deaths - Plasma, No. of cases Maternal deaths -	3 3 3	$ \begin{array}{ c c c } \hline 44 \\ 11 \\ \hline 30 \\ 8 \end{array} $	$\begin{bmatrix} 6\\2\\8\\2 \end{bmatrix}$	$\begin{array}{c} 7\\1\\ \hline 2\\ \hline \end{array}$	$\begin{array}{ c c }\hline 11\\3\\\hline 6\\3\\\hline\end{array}$	16 3 3 2	8 1 -	$\begin{bmatrix} 3\\1\\-4\\- \end{bmatrix}$	$ \begin{array}{ c c c } \hline 98 \\ 25 \\ \hline 56 \\ 18 \\ \hline \end{array} $

In 32 of the cases where there was post-partum hæmorrhage and retained placenta, and in five of the cases where there was post-partum hæmorrhage only, the child had been born before the patient was admitted to hospital. Seven of these mothers died.

#### TOXEMIA OF PREGNANCY.

During the year 1943 there were 1,038 cases of toxæmia of pregnancy. These have been divided into groups, viz.: (1) Hypertensive toxæmia (excluding eclampsia and accidental hæmorrhage); (2) Eclampsia; (3) Hyperemesis; (4) Late vomiting.

There were thus 916 cases in group (1); 57 in group (2); 40 in group (3); and 25 in group (4).

Of the 2,075 cases which had been under ante-natal supervision at the hospital clinic, there were 493 toxemic cases:—467 in group (1); 9 in group (2); 5 in group (3); and 12 in group (4).

Of the 2,719 other cases, 545 were toxemic:—449 in group (1); 48 in group (2); 35 in group (3); and 13 in group (4).

There were 17 maternal deaths in a total of 1,038 toxemic cases.

The incidence in the groups is shown in the following table:-

Table showing the Maternal Deaths occurring in the cases of 'Toxemia in each of the two Categories, A and B.

Type of Toxæmia.	Category A.	Category B.	Total Deaths.
1. Hypertensive toxæmia: Primigravidæ-	1	2	3
Hypertensive toxæmia: Multiparæ -	2	2	4
2. Eclampsia		9	9
3. Hyperemesis gravidarum			
4. Late vomiting		1	1
Totals	'3	14	17

### 1.—Hypertensive Toxæmia (excluding Eclampsia and Accidental Hæmorrhage).

There were 916 cases in this group, of which 425 were primiparæ and 491 multiparæ; 467 cases were in Category A and 449 in Category B; 823 infants were born alive, and of these, 65 died. There were 68 still-births. Twins occurred in 29 cases and triplets in one case. There were seven maternal deaths, three in Category A and four in Category B. One case died under anæsthesia following cæsarean section for placenta prævia (see No. 798 under deaths). One case died of obstetric shock following spontaneous delivery and retained placenta (see No. 1228 under deaths). One case died of shock following blood transfusion after a cæsarean section (see No. 1903 under deaths). One case died undelivered following blood transfusion (see No. 2638 under deaths). One case died of pulmonary embolism following cæsarean section (see No. 2814 under deaths). One case died of cardiac failure under anæsthesia (see No. 2469 under deaths). One case died of bronchopneumonia following pulmonary collapse (see No. 4087 under deaths).

Comparative Table for previous Five Years.

					Maternal	Child.					
	Year.			No. Cases.	Deaths.	Α.	SB.	D.			
1938	-	-	-	473	8	290	52	19			
1939	-	-	-	625	8	526	75	33			
1940	-	-	-	626	6	494	70	47			
1941	ded .	-	•	677	3	486	65	53			
1942	-	-	-	633	12	490	60	27			

Under Symptoms the word EYE refers to Visual Disturbance and ABDOMEN to Epigastric Pain. A.—Cases under Ante-natal Supervision at Hospital Clinic.

	Remarks.			Hyperemesis (mild). Anæmia. Hyperemesis (mild). Anæmia. Blood transfusion. (See under	deaths.) Surg. ind. A.R.M. P.U.O.	Previous cæs. section. C.P. D.C. $4\frac{3}{8}$ ins. Surg. ind.	mia in	pregnancy. Second stage delay.	Pyrexia (urinary). 73 hours' labour. Surg. ind. A.B.M. Second	slay.
ło	Weight S. Child.		· 6		9	1412	6-14 F6	7 2 7	5 6 15 5 5 5 7	$6\frac{13}{16}$
or	Pyrexia. Sepsis.				<u>ط</u>		1		P	
'ца	Parts Esbac		- 1	1 - II.	12	l j.	1	1 1	i i	1
t sure	tsenfgiH Blood Pressure		160/110	$\begin{array}{c} 130/85 \\ 136/90 \\ 170/116 \end{array}$	180/110	160/115 $160/105$	150/104	$\frac{140}{90}$	154/98 $160/100$ $180/125$	174/106
and Days.	*ttətttopq¥	1		111	1		1	1 1	1 1 1	ı
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	Oedema.	+	+ 1	-     +	+ ]	<del>*</del> 1 1	l	1 1	+   +	21
Orn Child.	Alive, Still-R or Died.		SB		A	AA	A	A ·	A A A	A
Mother sd.	eid to svila	A	A	. AAU	A	AA	A	A A	444	A
	Mode of Delivery.	Undelivered -	Low forceps -	Undelivered - Undelivered - Undelivered -	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous -	Undelivered - Low forceps -	Mnd forceps - Spontaneous - Low forceps -	Spontanecus -
*.V.	Maturity at Selivery.*		41	12 38 40	34	42 38	37	38	39 39	38
on,	no ytirutsM 🙀 .noissimbA 🖼		41	11 36 39	33	37.	37	38	79 28 38	36
	Parity.			31		ဗဂၢ	21	-   -		-
	Age.	32		37	24	33	33	24	2 23	32
	Reg No.	9	£08	2321 2638	42	<del>1</del> 4 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7	29	280	82 94 94	86

\* When case is dismissed undelivered maturity refers to that on dismissal.

	Remarks.		Observation. C.P. D.C. 4 ins.		Surg. ind. A.R.M. Eclampsia	in first pregnancy.  Hyp. toxæmia in first	pregnancy. Cardiac (mitral).		Breech. Ext. version. L.O.P.	Twins. (1) Vertex. (2) Vertex.	Surg. ind. A.R.M. Hvp. tovæmia, in first	gnaney.
	Weight of Child.	lbs.	10	∞ ∞	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	$6\frac{1}{4}$	0   6   6   4   4	$7\frac{2}{16}$	ဗ	$5\frac{11}{16}$ and	7017 7 9 0 1014 161 14 0	7 7 25
	Pyrexia or Sepsis.									]		
	Багts Евраси	per 1,000			1   27	I	l lä	Tr.		l	ÄHĖ	
r.e	tesifgiH usssiq boo	ВІ	150/80 $144/92$	$\frac{140/110}{150/95}$	$\frac{174}{150}$	160/100	$140/98$ $150/100^{\circ}$	175/105	160/100	170/104	$\begin{array}{c} 155/98 \\ 169/100 \\ 144/90 \\ 145/95 \end{array}$	140/110 $148/98$
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Mother	ve or Died.	ilA	AA	444	444	A	444	A	A	A	4444	44
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	Age.		37	25 10 21 4		37	118	34	24	33	27 4 8 8 7 8 4 7	533
	Reg. No.		$\begin{cases} 105 \\ 1919 \end{cases}$	135	\(\frac{155}{796}\)	191	$\begin{cases} 192 \\ 678 \\ 208 \end{cases}$	252	261	272	291 299 309 358	331 332 342

	Remarks.	Asthma. Surg. ind. A.R.M. Deep transverse arrest. 48	hours' labour. Breech. Ext. version. Surg.		Deep transverse arrest.		Second stage delay.	42 hours' labour. Late vomiting (moderate).	Ret. place. and P.P.H. Placenta expressed. Blood	į	miscarrage. Not in labour.	Breech. Ext. version. A.R.M.	Deep transverse arrest.
30	JugisW S	7 2 7 16 16	4 11		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4	$6_{16}^{9}$	_	74 74 716		$6\frac{1}{2}$	9 4 4	$10\frac{1}{2}$
TO	Pyrexia. Sepsis.												
rya	Parts 1,000	Lr.	Tr.	1		Hr.	Tr.	1 1		ı	1	1 1	
a.ns	Highes	140/100 190/115	160/95	140/90	$\begin{array}{c} 144/84 \\ 140/90 \\ 140/100 \end{array}$	180/110 148/100	170/115	160/110 $115/90$	140/100 $150/100$	120/80	140/98	$\frac{165/110}{150/90}$	140/95
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ms au in Da	Eye.	1 1	1	+	1 1 1	1 +	1 1	1 1	1.1	1	1	1 1	
Symptoms and Duration in Days.	Headache.		1	+ %	3111	1 + 5	) I	1 1	1+3	1	1	1+7	# 1
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	Mode of Delivery.	Spontaneous - Mid forceps -	Spontaneous -	Undelivered -	Spontaneous - Mid forceps - Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Low forceps -	Spontaneous - Undelivered -	Spontaneous - Spontaneous -	Undelivered -	L.U.S. cæs	Spontaneous -	Mid forceps -
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	Res No.	342 349	353	364	806 372 376	$\begin{array}{c} 381 \\ \hline \\ 396 \end{array}$	(900) 416	427	781	(442	1645	479	511

Remarks.	Breech. Ext. version.  Surg. ind. A.R.M. R.O.P.  Face to pubis.	Scabies.	Surg. ind. Bougies.	L.O.P. Manual rotation. Twins. (1) Breech. (2) Vertex—int. version.	Ret. plac. Expelled spontaneously. Surg. ind. A.R.M.	Deep transverse arrest. Surg. ind. A.R.M.	Child had large spina bifida.
of Meight of Shild,	0   0   0   0   0   0   0   0   0   0	$\frac{7}{7\frac{14}{16}}$	၁	71 54 34 and 43	4 tc/4	7	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Highest Blood Pressure	150/90 150/100 165/105 180/110	160/118 $150/95$ $140/100$	172/114 $146/98$	144/100 150/100	140/100		140/90 160/110 175/120 140/110 160/100
ала Бара. Бара. Ардоплеп. Чара.			1 1	,			
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Alive, Still-born or Died.	A   A	AA A	A	A A and A	A A	A   A	AADA
Alive or Died.	4444	A A	A A	AA	A A	AAAA	44444
Mode of Delivery.	Undelivered - Spontaneous - Undelivered - Spontaneous -	Spontaneous - Spontaneous - Spontaneous -	Spontanéous - Undelivered -	Mid forceps - Manual breech	Spontaneous -	70	Undelivered - Spontaneous - Spontaneous - Spontaneous - Spontaneous -
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	Remarks.		Forceps to after coming head. A.R.M. in labour. 45 hours'	Surg. ind. A.R.M. Child died	Coliform sepsis. Surg. ind. A.R.M.		60 hours' labour. Child died of cerebral hæem.	30 hours' labour. Surg. ind. A.R.M.	Hyp. toxæmia in 6 previous pregnancies.	Surg. ind. A.R.M. Second stage delay.  Transverse arrest of head.	Surg. ind. A.R.M. C.P. D.C. 4 ins.
lo	S Weight Child.	$6\frac{16}{16}$	& 0   % 4% 4	L-	7 2 14 16		6 4 11 4 11	61 5 61 62	1	101	4 16
,IO	Pyrexia. Sepsis			1	∞	1					
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te earse	Highes	170/110	154/100 $142/94$ $160/110$	175/160	160/95 $205/150$	150/88	$\frac{118/76}{160/108}$	150/100 140/90 180/90	150/94	150/100 145/195 166/96 145/100 165/100	$\frac{180}{150}$
d tys.	Abdomen.	1 1		ı	1 1		1 1	1 1 1	1	1 1 1 1	1 1
ms an in Da	Eye.		1 1 1	ı	1 + 9	24 + 5	7	1	İ	1 1 1 1 1	1 1
Symptoms and Duration in Days.	Headache.	1 +	+	1	1 1	+8	8	1 1 1	+	++	1'1
Sy	Oedema,	+ 1	+	1	1 + 9	24 + 5	1 + 1 7	1++5	1 N	1 1 + + +	1 1
Child.	Alive, Still-b or Died.	AA	A A	Q	AA	1	A	444	1	4444	\
Mother	eiU 10 evilA	AA	444	A	A A	A	A	444	A	44444	AA
	Mode of Delivery.	Spontancous - Spontancous -	Undelivered - Manual breech Spontancous -	Mid forceps -	Spontaneous - Spontaneous -	Undelivered -	Low forceps - Spontaneous -	Spontaneous - Spontaneous - Spontaneous -	Undelivered -	Undelivered - Spontaneous - Low forceps - Spontaneous - Mid forceps -	Spontaneous - Undelivered -
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	. Parity.	4 %	න   <u> </u>	<del>,</del>	eo	~		- 21	00	מחח	
	Age.	33	30	33	21	32	24	31	35	24 27 30	33 19
	Reg. No.	739	744 1556 747	752	762	821	1216	841 853 861	£98	1598 2199 865 891 897	907

		Remarks,		Breech. Ext. version. Surgind. A.R.M. Reversion to	ph. P.U.C nd. A.R.	labour. 26 hours' labour.	Surg. ind. A.R.M. Child	lived 3 hours. Second stage delay.	Surg. ind. A.R.M.	C.P. D.C. $4\frac{3}{8}$ ins. Pyrexia	Fibroid. 21 hours' labour.	Scabies. Surg. ind. A.R.M.	·			
	10	Weight of Child.	80 1421		<del>دا</del> ده	$\begin{array}{c} 7\frac{5}{16} \\ 8\frac{1}{4} \end{array}$		$6\frac{11}{16}$	7 10	-1c3	∞ –201	150	4	1 7	16	-
	ıo	Pyrexia e Sepsis.		12				-		<u> </u>		م				-
		Parts Esbaci	-	ાં જા	Dr.	ıä		Tr.	ı	ı	1	Tr.	1 =	1		_
	enre	Highest	155/95	165/100 155/95	180/110	140/195 155/90 175/115		190/115	175/120	145/90	155/110	170/110	196/98	160/110	165/90	-
	and Days.	Abdomen.	1	1 1	1			ı	1	l	I	1	1 1	1	1	
	ms and in Day	Eye.	I	1 1	]				1	I	1			1		
The second	Symptoms Duration in	Headache.		1 1	= [		+	1						1		-
	Dun	Oedema.	+ 2	+ + 7	+ 5	1 + 1	+	- + -	1+ + %	3 +	1	1		+	1 1	
	Mother Child.	Alive, Still-bo or Died.	A	SB	SB	44	A   U	A	A	¥	¥	V	A	4<	4	
	Mother d.	Alive or Die	A	A A	A	444	444	A	A	A	A	V	VA	4	44	-
		Mode of Delivery.	Spontaneous -	Undelivered - Manual breech	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous - Undelivered - Spontaneous -	Low forceps -	Spontaneous -	Spontaneous -	L.U.S. cæs.	Mid forceps -	Spontaneous - Undelivered -	Spontaneous -	Undelivered -	
	ть *.ү	A Maturity S Delivery	41	39	35	4 4 %	3272	39	41	38	41	7	36	40	27	
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	Remarks.			C.P. D.C. $4\frac{1}{4}$ ins.	22 hours' labour.	X	Surg. ind. A.R.M. Second Surg. ind. A.R.M.	ge delay.		29 hours' labour.	P.U.O.			Surg. ind. A.R.M.		
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	Remarks.	29 hours' labour.	Surg. ind. A.R.M.	Twins. (1) Vertex. (2) Vertex. (1) Died of pheumonia.	(2) Died of exomphalos.		C.P. D.C. 4\frac{3}{8} ins. 48 hours,	Surg. ind. Bougies. Hyp. toxæmia in seventh	pregnancy. Hyp. toxæmia in first and	second pregnancies.	Breech. Eclampsia in first and third	pregnancies.	Surg. ind. A.R.M. 44 hours' labour.
	Weight S. Child.	74	20	$\begin{array}{c} 5 \\ 6\frac{1}{2} \\ 4 \\ \text{and} \end{array}$	ಲು ∞ ಬ 4-1/21	62	8 2 2	50 8 4		∞ ÷ − 010 4	0 0	919	$6\frac{1}{4}$
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	Remarks.		Surg. ind. A.R.M. 33 hours'	C.P. D.C. $4\frac{1}{4}$ ins. Surg. ind. A.R.M.	37 hours' labour. Acute pyelitis.	Surg. ind. A.R.M.  Not sterilised.	Child died with asphyxia	pallida.	45 hours' labour.
ic	E Weight o	1	1 9	8 7 6 13 6 16	8 7 8 1 1 4 1 1 4	S 16 2 16 3 16	5 14 9 16	$\begin{array}{c} 6.9 \\ 71 \\ 4 \\ 7 \\ 6 \end{array}$	16 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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	Remarks.		58 hours' labour.	46 hours' labour.	Thyrotoxicosis. Surg. ind. A.R.M.	Sterilised.	C.P. D.C. $4\frac{1}{8}$ ins.	C.P.	H.B.P. in third pregnancy. Hyp. toxæmia in eighth,	ninth and tenth pregnancies. Surg. ind. A.R.M. Breech. Ext. version. 27 hours' labour. Breech. Ext. version. Surg. ind. A.R.M.
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	Remarks.	Anæmia. Surg. ind. A.R.M. C.P. D.C. $4\frac{1}{4}$ ins. Observation.	40 hours' labour. Surg. ind. A.R.M. 75 hours'	itis.	Ret. plac.; manual removai. Fibroid. Not sterilised.	Second stage delay. P.U.O. Anæmia. Glycosuria.		Hyp. tox. in fifth pregnancy. Child died of prematurity. 28 hours' labour. 37 hours' labour. Not	sterilised.  Fibroid. Myomectomy. Not sterilised.
1	Veight v E Child.	8 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	er II	6 4 5 1 E	2 1 1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	20 L 214	7 16	$6\frac{1}{4}$
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	Remarks.	Shoulder. Surg. ind. A.R.M.				Brow. 120 hours labour. Ret. placenta; manual removal.		Surg. ind. A.R.M. 66 hours' labour.	Hyp. tox. in first pregnancy.	C.P. D.C. $4\frac{1}{4}$ ins. 52 hours,	nr. ind. A.R.	tox, in second pregnancy.
lo	Weight Child.	7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 8 18 8 18 8 18 8 18 8 18 8 18 8 18 8	1	&   c	<b>∞</b>		8	$6 \\ 5 \\ \frac{3}{16}$	∞   <del>∞</del>	6. 7 2.2	62
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	Reg. No.	2094 2095 2133	2150 2166	2177	2446	1+07)	2232	2568	2249 2258	2259 2272 2274	2275 2281	2298

	Remarks.			Surg. ind. A.R.M.	Child died of prematurity.	C.P. D.C. $4\frac{1}{4}$ ins.		Observation. Ephtepsy. 31 hours' labour.	Anæmia. Hyp. toxæmia in	first pregnancy. Surg. ind. A.R.M.	Surg. ind. A.R.M.	s' labour.	Surg. ind. A.R.M. Second	stage delay. Surg. ind. A.R.M. Hyp.	egn rst	es: E:	pregnancy.	A.R.M.	dled of prematurity and pneumonia.
to	Weight S Child.	7 14 16	101 8 4	74	412	and	54 54	7 111		ဘ	ص 3	7 16 73 8	4-101 4-101	$\tilde{5}\frac{9}{16}$	ಹ		1	<del>-}'</del>	
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	Remarks,	Hyp. toxæmia in first	pregnancy.	Ext. acc. hæmorrhage.	Anæmia.		Hyp. toxæmia in fifth	1.R.1	Hæmolytic streptococci. Transferred to Robroyston Hospital. Dismissed well.	Breech. External version.	Surg. ind. A.R.M.	ins. Breec with pulm	embolism. (See under deaths.)
lo	Weight.	62	0 8 8 16	SO   마(라	0	+ 1-	10 ⊢ ⊠	7 7 14 7 16	-14	&   &	∞ <del>6</del>	63	
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and Days.	Abdomen.	- 1	1 1	1 1	1 1 1	1	1 1	1 1	1	1 1	[ ]	1 ] .	
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Child.	Alive, Still-R or Died.	A	A A	¥	A   S	A	A	AA	A	¥	AA	A	
Mother Child.	Alive or Dic	A	44	44	444	A	AA	AA	K	A A	AA	AU	
	Mode of Delivery.	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Undelivered - Spontancous -	Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Spontaneous -	Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Spontaneous -	Undelivered - L.U.S. cæa.	section
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	Remarks.	Sung. ind. A.R.M.	Breech.	Surg. ind. A.R.M. Scabies. Surg. ind. A.R.M.	C.P. Surg. ind. A.R.M. Transverse arrest of head.	68 hours' labour.	C.P. D.C. $4\frac{1}{8}$ ins. Previous cæs. section. Rupture of uterus. H.B.P. in third	ncy.	GP DC 41 inc	$\cap$	ons. Sterilised.	Surg. ind. ARM. Breech. Syphilis.	Hyp. tox. in first pregnancy.
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	Mode of Delivery.	Spontaneous -	Spontaneous -		Mid forceps -	tar	Cæs. hyster- ectomy	Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Classical cæs.	section Spontaneous - Low forceps -	Low forceps - Spontaneous -	Spontaneous -
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	Rog No.	2632	2643	2652 2654 2674	2697	2684 2687	0072	2707 2709	2723	2729	2733 2738	2741 2769	2771

	Remarks.		A.R.M. aitral).	Surg. ind. A.R.M. Second stage delay. Surg. ind. A.R.M. Previous cæs. section. Breech.	Ext. version. Recurrence of brecch. Forceps to after coming head. Pyrexia—urinary. H.B.P. in first	pregnancy. Twins. (1) Vertex. (2) Breech. Child died of prematurity and atelectosis.	Surg. ind. A.R.M. Syphilis.	Breech. Spontaneous version. Post-natal phlebitis.	Surg. ind. A.R.M.
	Weight Child.	0 8 7 7 4 1 4	8 9 6 L 8 4 4 4 1 2 1 1 2	8 12 12 0		$3\frac{3}{4}$ and	8 2 4	- 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	& 17 ध्रिम
or	Pyrexia. Sepsis.					1			
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t sure	eargiH Blood Pres	148/96 148/90 156/110	$\begin{array}{c} 144/90 \\ 156/94 \\ 168/105 \\ 144/80 \end{array}$	150/80 $160/90$ $150/92$		188/90	$\frac{164}{140}$	160/86 160/110 170/108	148/98
and Days.	*pqomen	1.1.1	1 1 1 1			1	1 1	1 1 1	1 1
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	Mode of Delivery.	Spontaneous - Spontaneous - Spontaneous -	Spontaneous - Spontaneous - Spontaneous - Spontaneous -	Low forceps - Spontaneous - Manual breech		(1) Low forceps (2) Manual br.	Spontaneous - Spontaneous -	Spontaneous - Undelivered - Spontaneous -	Spontaneous - Spontaneous -
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		Remarks.	Surg. ind. A.R.M.	. e	Hyp. tox. in third pregnancy. 31 hours' labour.	29 hours' labour. Scabies. Breech. Ext. version. Surg. ind. A.R.M. Hydro.	Perfora 4 ins. Chi asis. Hv	nancy. ur. Hæmol	streptococci. Transferred to Belvidere Hospital.  Deep transverse arrest.
		Theight 5	6 1 2 2 2 4 2	6   6   6	150	0.52	<b>E</b> € €	0 0 0 0 L 0 4 0 4 1 4 5 1 1 0 1 4	0 8
-	or	Pyrexia. Sepsis.						\ \ \	
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	t s <b>ur</b> e	səfigiH səfig boold	156/94 188/104	$\begin{array}{c} 160/110 \\ 150/90 \\ 150/80 \end{array}$	$\begin{array}{c} 170/106 \\ 142/94 \\ 190/110 \end{array}$	$\frac{180}{158}$	152/92	140/90 140/90 150/80 140/90 146/95	150/90 156/80 178/80 140/90
500	and Days.	чэшоро ү	1 1	111		1 1	1	1 1 1 1	1111
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	٠	Mode of Delivery.	Spontaneous - Spontaneous -	Spontaneous - Undelivered - L.U.S. cæs.	Undelivered - Spontaneous - Undelivered -	Spontaneous - Spontaneous -	Spontaneous -	Spontaneous - Spontaneous - Spontaneous - Spontaneous - Mid forceps -	Spontaneous - Spontaneous - Undelivered - Mid forceps -
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	Remarks.			02	and eighten pregnancies. Child died of congenital heart disease.	C.P. D.C. $4\frac{1}{4}$ ins. Breech.	death of child. 55 hours' labour. Staphylococeal	Failed ext. version. 61 hours' labour.		Twins. (1) Vertex. (2) Vertex. Child died of prematurity.	Twins. (1) Vertex. (2) Vertex.	R.O.P. Face to pubis. Shoulder. Ext. version. Surg. ind. A.R.M. Bortholin's	Sung. ind. A.R.M.
ìo	Weight S. Child.				9	9		CO)-H	5 11	71 5 and	84 84 and	D 10 L	6
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sjr:	Parts per per Esbac		Tr.	1 H		12		Banasa	ı	1 1	ļ	67	9
t	Highes		196/00	160/84	160/86	190/110		148/90	160/90	150/80 $168/90$	148/100	164/100 $150/102$	$\frac{148/100}{180/125}$
d. ys.	Abdomen.	1	1		1	1		1	1	1 1		1 1	1 1 .
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Mother	Alive or Die	A	A <	Y A	A	A		A	A	AA	A	AA	AA
	Mode of Delivery.	Undelivered -		Spongineous - Undelivered -	Spontancous -	Craniotomy -		Manual breech	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous .	Spontaneous - Spontaneous -	Spontancous -
4s.	A Maturity Delivery	32.2	900 000	2	38	38		43	39	330	40	0. c.	39
uo uo	vdrindsM \(\beta\) oissimbA \(\beta\)	30		2 <del>1</del> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. 37	33		43	3.9		39	38	38 88 88
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	Age.	27		14		35		23.3	39	33.	25	33.	83 C1 85 TC
3	Reg No.	3021	3373	3860	3299	3084		3089	3100	3104	3142	3152	3184

	Remarks.	Observation. Surg. ind. A.R.M.	Hydramnios. Anencephaly. Previous cæsarean section.	Surg. ind. A.R.M.	C.P. D.C. $4\frac{1}{4}$ ins. Surg. ind.	C.P. D.C. $4\frac{1}{4}$ ins. Surg. ind.	C.P. D.C. $4\frac{1}{4}$ ins. Surg. ind. A.R.M.	C.P. D.C. $4\frac{3}{8}$ ins. Not sterilised.	Deep transverse arrest. R.O.P.		Surg. ind. A.R.M. 59 hours' labour. Retained adherent placenta, removed manually. Parameittis.
	Weight of Whild.	- 9	23. 5.6. 5.16.	71 64 63	$6\frac{3}{4}$	$6\frac{3}{4}$	7	2 9	6 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		. 69 814
3	Pyrexia or Sepsis,										w
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r.e	Highest Blood Pressu	$\frac{136/76}{150/100}$	$\frac{140/92}{154/104}$	$\frac{150/90}{140/100}$	08/061	176/110	162/108	$\begin{array}{c c} 162/100 \\ 170/94 \\ 170/110 \end{array}$	146/100 160/98 140/100	140/32 $165/90$ $168/94$ $150/100$	160/106
ıd	Abdomen.	1 1	1 1	1 1	1 1	1	1	1 1 1	111	1 1 1	l 1
ms an	Eye.	1 1	1 1	1 1	1 1	1	1	1 1 1	1 1 1	[	l 1
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Mother	Alive or Died.	AA	A A	44	44	A	A	AAA	444	4444	T 4
	Mode of Delivery.	Undelivered - Spontaneous -	Spontaneous - L.U.S. cæs.	Spontaneous - Spontaneous -	Undelivered - Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous - Undelivered - L.U.S. cæs.	70	Undelivered - Spontaneous - Undelivered -	Spontaneous -
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	Reg. No.	\\\ 3194\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3226 3232	3235	3247 3249	3249	3253	$\begin{cases} 3254 \\ 3270 \\ 4207 \end{cases}$	3273 3275 3282	3288 3463 3714 3289	3326

	Remarks.	Transverse arrest of head.	Hyperthyroidism. Surg. ind.	C.P. D.C. $4\frac{3}{8}$ ins. Observation	Miscarriage.	Surg. ind. Bougies.		Dreech, Spontaneous version.		Surg. ind. A.R.M.	Acute pyclitis.			Second stage delay. Sterilised.		Observation.	Ventralhemia.
ìo	tdgisW 👼	1.4.8	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	72		547	-	L	62	200	e   c	n	5	_ -  07 −  0	1	li	- D- D
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t. sure.	Highes	140/90 $165/110$	$\frac{160/80}{185/110}$	$\frac{148}{96}$	176/98				$\frac{186}{98}$	212/118	, ,	140/90 $140/84$		155/90 $150/90$	150/90	$\frac{138}{84}$	180/140 $144/98$
and Days.	<b>А</b> рдошеп	1 1		1 1	1 1	1 1	1	1 1	1 1	1 1	I		1	1 1	ı	ı	1 .1
ms and in Day	Eye.	1 1	1 1		+	- 1 1	1	1 1		1 1			1	1 1	+	· [	1 1
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Mother Child.	Alive, Still-b or Died.	AA	A A .	∀		SB	1	A	4	AA	<	4	<	A A	1	-	$^{\mathrm{AB}}$
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	Mode of Delivery.	Spontaneous - Mid forceps -	Spontaneous - Spontaneous -	Spontaneous - Undelivered -	Spontaneous - Undelivered -	Spontaneous -	Undelivered -	Spontaneous -	Spontaneous - Undelivered -	Spontaneous -	Undelivered -			Low forceps - Classical cæs.	section Undelivered -		Spontaneous -
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	Reg.	3374 3384	3390 3406	$\frac{3421}{5433}$	$\begin{cases} 4028 \\ 3446 \end{cases}$	$\begin{cases} 3614 \\ 3455 \end{cases}$	3457	4251	$\int 3499$	3500	3502	3537	3690	3551	3556	53571	3598

	Remarks.	Pyrexia—urinary.	Surg. ind. A.R.M. Surg. ind. A.R.M. B.B.O.	ic Section 1	Surg. ind. A.R.M. Sterilised. Child died of prematurity.	Observation.  C.P. D.C. $4\frac{3}{8}$ ins.
lo	biidO Sild	0 5 8	8 7 9 1 7	0 9 LIA LIA	25 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -	0 10 L 8 8 8 1 1 2 L 8 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8
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st ssure.	eafight eart boold	$\begin{array}{c} 160/90 \\ 160/98 \\ 144/80 \\ 144/94 \end{array}$	160/105 144/94 180/106 160/100 190/94	$\frac{154}{90}$ $\frac{154}{90}$ $\frac{160}{98}$	148/92 162/104 160/112 260/140	146/104 150/100 150/90 150/96 150/96
nd ays.	<b>А</b> Ъфотеп	1 1 1 1				
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	Mode of Delivery.	Undelivered - Spontaneous - Mid forceps - Spontaneous -	Spontaneous - Spontaneous - Spontaneous - Spontaneous - Undelivered -		**	Undelivered - Spontaneous - Mid forceps - Spontaneous - Spontaneous -
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	Reg.	\$599 \$4027 \$600 \$603	3606 3624 3624 3630 3630 3636	3663	3670 3678 3686 4494	3698 3747 3752 3757 3761

		Remarks.	Retained Placenta and P.P.H. Blood and plasma trans-	fusion. Surg. ind. A.R.M.	Breech. Surg. ind. A.R.M.	Prolapsed cord.	Irregular dismissal.	36 hours' labour.	Surg. ind. A.R.M.	phritis.	abortion. Digital curettage. Surg. ind. A.R.M. 62 hours' labour. Post-partum col-	Ple Spo	Surg. ind. A.R.M. Asthma. Breech. Ext. version.
	lo	Weight 5	$\infty$		$\infty$ $\infty$		∞   c	$6\frac{11}{16}$	8 6 16		-101 -101	& 1∠ &,4 −\01	6 14 8 3 8 4 4 8
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	eine f	Highes	138/96	$\frac{150/98}{148/92}$	$\frac{162}{220/120}$	150/84 $156/94$	150/90 $160/94$ $170/106$		158/96 160/100	222/146	144/96	144/96 150/80	170/100 160/98 160/110
	and Days.	•иэшорф	I	1	1 1	1 1	1 1 1	1 1	1	1	1	1 1	1 1 1
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	Dag	Oedema,	$\frac{30}{20}$	++5	2 + 1	1 1	1 1 1	1 1	1 + 5	3 +	+	+ 1	+++
	Mother Child.	Alive, Still-b or Died.	A	AA	$^{ m AB}$	4 <	4   %	AA	A		A	Z.S.	4   A
	Mother ba	Alive or Die	A	AA	AA	444	444	44	AA	A	A	A A	444
		Mode of Delivery.	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous - Spontaneous -	Undelivered - Spontaneous -	Undelivered - Low forceps -	Spontaneous - Spontaneous -	Undelivered - Spontaneous -	Abortion -	Low forceps -	Spontaneous - Spontaneous -	Spontaneous - Undelivered - Spontaneous -
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		Age.	36	33.73	24 42	22		32	230	44	34	## ## ## ##	38
		Reg. No.	3765	3770 3779	3786 3790	3802 3802	3804 3808	3857	3887 3891	3920	3924	3964 3978	3987   53991   4076

		Remarks		Surg. ind. A.R.M. Child died	aturity and influen Spontancous c	rection. O.P. Hace to pubis. Hyp. toxæmia in	pregnancy. placenta præmios. Breech		C.P. D.C. $3\frac{3}{4}$ ins.	Surg. ind. A.R.M. Hyp. tox.	· in first pregnancy.  Twins. (1) Vertex.	(2) Shoulder—int. podalic version.		cæs. section. Child died of urinary infection and in-	nuenza.		L.O.P. Manual rotation.	Eclampsia in first pregnancy.
_		tagis) Siring		<u></u>	5.4 5.4		72	,	1	∞  -4	[~ 4]   48 4	$\frac{\text{and}}{5\frac{1}{3}}$	62-		9	1	[_ & = \omega = \omeg	7
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		Mode of Delivery.		Spontaneous -	Spontaneous -		Spontaneous - Spontaneous -		L.U.S. cæs.	Spontaneous -	Spontaneous - (1) Spontaneous	(2) Manual br.	Spontaneous - Spontaneous -		Spontaneous -	Undelivered -	Spontaneous - Mid forceps -	Spontaneous -
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		Reg No.		3992	1000		4001	6	4010	4026	4033		4061		4065	4075	4077	4080

		Remarks.	Late vomiting, mild.	Hydramn os. Surg. ind.	4. No. 14. Co. 17. Fr.	Surg. ind. A.R.M. Second	ueiay. e and bro	ಡ 🗼		Sterilised. Hyp. toxamia in	third pregnancy.	00 1	rs labour. Ext. version. (	died of prematurity and influenza	,	Breech. Ext. version.	27 hours' labour.			Second stage delay.		P.U.O. Chld died of	munipre orton injuries and (2) nfluenza	delay. P.U	Child died of cellulitis of neck and (?) influenza.
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	Remarks.	Fibroid. Twins. (1) Vertex.	51 hours' labour.	Second stagn delay. 29 hours' labour.	Child died of cerebral hæam.	Surg. ind. A.R.M.	Second stage delay.  Child died of prematurity and	41 hours' labour. Twins. (1) Breech. (2) Breech.		
	o Meight of Spirid Spi	6 6 6 7 7 16 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7272	0 4 6 8 0 4 6 8	6416	7	∞ ∞ ∵ ≈ 4= 4	81	and 4 7 1 16 7 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	63
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	Remarks.		hours'	47 hours' labour.	Breech	Second stage delay.	Surg. ind. A.R.M.	)		Child died of prematurity and	(?) influenza. Acute pyelitis. 49 hours'	· labour. Pyrexia—urinary.	Breech. Ext. version. Surg.	A.R.M. Iabour. U	merta. Twins. (1) Vertex. (2) Vertex.	
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	Remarks.	Child died of prematurity. 69 hours' labour. Deep trans-	Surg. ind. A.R.M.	Pyrexía, mastitis.	Surg. ind. A.R.M. Breech. Surg. ind. A.R.M.	C.P. D.C. $4\frac{3}{8}$ ins. Surg. ind. A.R.M. Hyp. tox.	ney s.	54 hours' labour.	33 hours' labour. Hyp. tox. in ninth, tenth and eleventh pregnancies.
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		Remarks,	C.P. D.C. 4\frac{3}{8} ins.  28 hours' labour. 35 hours' labour.
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	Mother Child.	Alive, Still-E or Died.	4444
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Mothers—Alive, 464; died, 3. Infants—Alive, 407; still-born, 26; died, 24.

B.—Others.

		Diabetes mellitus.	Hyp. tox. in third and fourth	pregnancies. Not sterilised.		Twins. (1) Vertex. (2) Breech.					Hyp. tox. in second and third	pregnancies.		Surg. ind. A.R.M.
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		Remarks,		Observation.	•			_	Fyrexia—urmary. Twins. (1) Vertex. (2) Vertex.	31 hours' labour.	er modis tabodi.	Not in labour.	C.P. D.C. $4\frac{3}{8}$ ins. 23 hours,	p t	arrest of nead.  Not in labour.			Breech	Surg. ind. A.B.M.		Scabies.	6	Sterilised.		58 hours Tabour. Surg. ind. A.B.M.	haly
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		Remarks.	Previous nephrectomy. Surg. ind. Bougies.			Samo A D M 90 hans	A.IV.M.	Child died of broneho-	C.P. D.C. $4\frac{4}{4}$ ins.	Ante-partum phlebitis.	Observation.			s. Anteri	parietal presentation. 46 hours' labour.		Not sterilised. Not in labour.		- 25	brim. 80 hours' labour. 42 hours' labour. Pyrexia—	cents pr		Sterilised. Pyrexia—enteritis.	)
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		Reg No.	263	266	[ 27]	836	5560	313	390	333	1701	2076	336	350		351	352	989	366	367	374		377 398	)

	Remarks.				Twins. $(1)$ B.B.O. $(2)$ Shoulder.	Int. podanc version. 48 hours' labour.		Cardiac (mitral).	Breech presentation.	Hydrocephalus and spida bifida. Child lived 26 days.	Malignant hypertension. Surg.	ind. of miscarriage. A.R.M. Nephritic toxæmia. Sterilised.	47 hours' labour.		C.P. D.C. $4\frac{1}{4}$ ins. 35 hours'	Previous casarean section. Sterilised.
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	Remarks.	Hyp. toxæmia in twelfth	Pregnancy. Surg. ind. A.R.M.	Hvp. tox. in first pregnancy.	Brooch progontation	Diecen presentation.		Surg. ind. A.R.M. C.P. D.C. $4\frac{1}{4}$ ins. 47 hours'	labour. Deep transverse	Face presentation. 31 hours'	Twins. (1) Vertex. (2) Vertex.		Breech presentation.	24 hours' labour. Breech. Failed version. Not	sed.	Breech, failed version	38 hours' labour. Breech.	Cardiac. Surg. ind. A.R.M.	Shoulder. External cephalic	version.
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Control of the contro		Remarks.	11	Hyp. tox. in first pregnancy. Scabies.	Breech presentation.	ı	•			orævia	Child died with multiple	Fibroid.	Surg ind A B M	0	Partial plae, prævia, Death under anæsthesia,	(See under deaths.)		Surg. ind. A.R.M.	Rronchitis		Oservation.	Observation, re bleeding.		Hyp. tox. in seventh pregnanew	
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3	Weight of Child.	lbs.	52 2	and 6	5 10	74	71		7.1	4	$6\frac{6}{16}$	9 1 <u>9</u>	149	6.4.6	() ()		e:		63	1		45		$\infty$	ox.		
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	Remarks.		26 hours' labour.	Anencephaly.	Sur ind A B M	园	Breech presentation.	hyp. tox. in first pregnancy.	65 hours' labour.	ಕ	Surg. ind. A.R.M.	Hyp. tox: in third, sixth, and	duct.	abortion. Transferred to Western Infirmary and died	Sterilised.			Observation.	Hyp. tox. in first pregnancy.	A.	placenta. Obstetric shock	Breech presentation.		38 hours labour.
lo	Weight ₩ w Child.	7.3	$7\frac{11}{16}$	$\frac{1}{16}$	္ လ သ	016	ت د د	91	71	\$ 25	 0 0	$\infty$			 9	17	c) —	. 1	$5\frac{1}{5}$	9		$\tilde{5}_{2}^{1}$	8 5 16	-
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1	Remarks,		29 hours' labour.					ious cæs. secti	(1) Vertex. (2) Vertex. P.U.O.	4	Surg. ind. A.K.M. 31 hours' labour.	Surg. ind. A.R.M. Deep.	Sung. ind. A.R.M. Shoulder.	Ext. cepnanc version.		in first pregnancy. Irregular dismissal.			٠	Surg. ind. A.R.M.	And the second s
ìo	Weight 5.		* 9 :	ာ <u>က</u> ကျ	ა დ . 1 <mark>-16</mark> 1	4 16 16	- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	5 16	and 4#	2 1 – 4	0 16	72	$6\frac{1}{4}$	4 14 16	$5\frac{14}{16}$		$6\frac{1}{2}$	<b>≫</b> ಪ⊶	3 15	9 9	- 4
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			Surg, ind.	t1:8	Pyrexia	M.	cord.			. A.R.M.				rep	Hospital Dis-
	Remarks.	, 10 John	A.R.M.		s' labour. y).	$.4\frac{4}{8}$ ins. I. A.R.M.	Hydrocephalus. eech. Prolapsed cord.	I. A.R.M.	labour.	107 hours' labour. Breech. Surg. nd.	44 hours' labour. 7philis.	labour.	lised.	Sepsis—hæmolytic st	<b>⊣</b>
		El hound labour	Surg. ind. C.P. D.C.	A.R.M. arrest.	26 hours' labor (urinary).	Surg. ind.	Hydroc Breech.	Surg, ind.	56 hours' labour.	107 hours Breech.	44 hou Syphilis.	55 hours' labour.	Not sterilised.	Sepsis—h	Robroyston missed well.
ìo	Neight S. Weight.	1,41	6 21 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		[	2 4 14	$8\frac{2}{16}$	$6\frac{10}{16}$	<u> </u>	6 6	8 4 4	$5\frac{1}{2}$	$6\frac{1}{2}$	$6\frac{9}{16}$	
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Mother 5d.	Alive or Die	4	AA	•	₹ .	44	A	A	A	AA	A	44	A	A	
	Mode of Delivery.	Spontaneous -	Spontaneous - Mid forceps -	-	Spontaneous -	Spontaneous -	Manual	Spontaneous -	Spontaneous -	Spontaneous - Manual -	Spontaneous .	Low forceps . Undelivered .	Classical cæs.	Spontaneous .	
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	Remarks	Second stage delay. 25 hours' labour. Triplets. (1) B.B.O. (2) Vertex. (3) Vertex.		Bad obstetric history. Not sterilised.	Breech. Ext. version. 22 hours' labour.	Not sterilised.	Culla alea of prematurity.		Twins. (1) Breech. (2) Vertex.	Anæmia. Two blood transfusions. Child died of prematurity. (See under	.R.M (2) V	C.P. D.C. $4\frac{3}{8}$ ins. 30 hours.	labour. Aute-natal mastitis.
	o tagisW ≅ SiidO ®	81-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	O 4 - 46 4	で 8年	1	1,4°	4 70  a= a= a= a= a= a= a= a= a= a= a= a= a=	62	4.1 and	10 H	6 16 and	19-101	7 10 7 16
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Mother	Alive or Diec	AAAA	Α .	A	A.A	4 4	A	44		<u> </u>	A	4	AA
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	Remarks	Face presentation. 48 hours'	Surg. ind. Bougies. Pyrexia—	urmary. Not sterilised.	Surg. ind. Bougies.	Anæmia. Surg. ind. A.R.M. Child died	of prematurity.	Hyp. tox. in first pregnancy.	atresia.	Second stage delay.	trregular dismissal.		Not sternised.	Degenerating fibroid.			, , , , , , , , , , , , , , , , , , ,	П	Surg. ind. A.R.M.		(2) Breech.	
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	Remarks				Poor urea clearance. Hyp. tox.	in fifth pregnancy.  Diabetes mellitus. Sterilised		Turing (1) Procedy (9) Ducceles		Not sterilised.	Dancel	Dreech, ext. version.		Surg. ind. A.R.M. 25 hours'	labour. Face to pubis.	injury.		Breech.	Chorea.	Child died of prematurity.	Surg. ind. A.R.M.	)			¢		Hæmaturia. Surg. ind. A.R.M.	
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		Remarks	Breech, Hydrocephalus,	eture D.C.	A.R.M.	Eclampsia in first pregnancy and hvn. tox in second	and if I come in socialis				Surg. ind. A.R.M.	2	Previous cæs. section.	Scabies. Surg ind A B M Second	elay. Death	99(2)	Hyp. tox. in first pregnancy.	Central placenta prævia. Not	sterilised. Twins. (1) Vertex. (2) Vertex.	Childern died of prematurity. Hyp. tox. in first pregnancy.	
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	Remarks.	Missed abortion. Surg. ind. A.R.M.	Threatened abortion. Second stage delay. Surg. ind. A.R.M. Trans-	verse arrest of head. Surg. ind. A.R.M. C.P. Previous cæs. section.	F.F.O.  Hyp. tox. in first pregnancy.  Hyp. tox. in first, second and	Surg. ind. A.R.M. Anæmia.	Psychoneurosis. Epilepsy.	Intra-uterine death. Surg. ind. A.R.M. Breech presentation. Hyp. tox. in second pregnancy.
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Mother	Alive or Die	AAAA	44444	AA	AAAA	A A	444	
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		Remarks	Fibroids. Sub-total hyster- ectomy. Hyp. tox. in first pregnancy. Eclampsia in	second pregnancy. Scabies.	Surg. ind. A.R.M. P.U.O.	Contracted pelvic outlet.		1.5	md. A.K.M. Intra-uterine death. Hyp.	cond pregnar A.R.M. Ret p.p.tr	placenta. F.F.H. Diood and plasma transfusion. Hyp. tox. in first pregnancy.	Breech, Failed version.	Surg. induct. A.R.M. Child died of prematurity.
_		Weight S		711		<u></u>	63-7-2-7-2-7-2-7-2-7-2-7-2-7-2-7-2-7-2-7-	1-	4	-131	∞ 	1	L 22
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	t sme	eshgiH sərY booltl	198/98		152/96 $152/90$ $150/90$	160/100	$\frac{140}{160}$	140/100	176/112	170/122	160/98	-154/86 $164/100$	150/104 220/130
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Child.	илос	Alive, Still-b or Died.		44.	AAA	SB	A SB	A	SB	A	A	A	DA
Mother	d.	Alive or Die	A	44	AAA	A	AA	A	A	A	A	AA	A A
		Mede of Delivery.	Hysterectomy	Spontaneous - Spontaneous -	Spontaneous - Spontaneous - Spontaneous -	Craniotomy -	Spontaneous - Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Undelivered - L.U.S. cæs.	Spontaneous - Spontaneous -
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	Remarks.	Epilepsy.	$\sim$	Pyrexia (urinary). Hyp. tox. in first, fourth, and sixth pregnancies.	Cardiac mitral. Surg. induct. A.R.M.	Breech. 24 hours' labour. Sume indust A D M Cuita	died of prematurity. Hyp. tox. in first and second pregnancies. Fibroids. Sub-total	hysterectomy.  Previous cæsarean section.  Hypertensive toxæmia in	Anæmia. R.O.P. 36 hours' labour.
	Weight of Chi d.	0 8 8 L	- 70 4-10	401		フ 9 フ c の 1 4 c l 4 l 4 l 4 l	gi	<u> </u>	-3   89 -3   84
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ure.	Highest seart boold	160/3 $158/100$ $152/96$	170/94	190/118	180/90 $146/86$	156/90 140/90 156/90	150/100	140/100	146/96 150/74 115/85 150/110
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	Mode of Delivery.	Spontaneous - Spontaneous - Spontaneous - Spontaneous -	Spontaneous -	Classical cæs.	Mid forceps Mid forceps	Spontaneous - Manual Spontaneous - Spontaneous -	Hysterectomy	Spontaneous - Undelivered	Spontaneous - Undelivered - Undelivered - Mid forceps -
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		Remarks		46 hours, labour. Retained	placenta. 47 hours' labour.		Pendulous abdomen. Breech presentation. Sterilised.	P.U.O. Phlebitis.	Twins.(1) Vertex. (2) Vertex.		Central placenta prævia.	32 hours' labour.	Antomatal mastitis				C.P. D.C. 41 ins.	induct.	Surg. induct. A.R.M. Child died of (?) influenza.	
	ìo	thgieW E	64	- 121 121	9	∞ 4—j4	10	0 10 10 10 10	$6\frac{1}{4}$	၁	7 2 2 6 6	7 2 2 2		4	9 2	71	:: :::::::::::::::::::::::::::::::::::	100 100	ಲ್ಲ 2	
-	10	Pyrexia. Sepsis.			-		Ъ								11					
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	t sure.	Highes	170/106	140/98	160/104	160/80	140/92	166/90 170/108	155/104		$\frac{152}{150/98}$	148/92	142/92 $142-86$	184-110	$\frac{150/104}{140/90}$	145/90	142/92	190/105	220/134	
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Child	uao	Alive, Still-L or Died,	A	A	A	A	A	AA	A	STEC V	AA	A		A	AA	A	<	SE	Q	
Mother	·p	alive or Die	A	A	A	A	A	AA	Ą	,	44	A	AA	A	AA	A	V	V	A	
		Mode of Delivery.	Spontaneous -	Spontaneous -	Spontancous -	L.U.S. cæs-	arean section Classical cæs. section	Spontaneous - Spontaneous -	Spontaneous -		Spontaneous - Classical cæs.	Spontaneous -	Undelivered - Undelivered -	Spontaneous -	Spontaneous - Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	Spontaneous -	
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		Reg No.	3230	3237	3238	3548	3255	3261 3276	3284		3303	3313	3324	3328	3335 3342	3346	3352	3354	3366	

	Remarks.	Surg. induct. A.R.M.		Partial placenta prævia.	Breech. 33 hours' labour.	Twins. (1) Vertex. (2) Vertex.	F.F.O. Disproportion. Sepsis	46 hours' labour.	Surg. induct. A.R.M. L.O.P. 34 hours' labour.	Surg. induct. A.R.M. F.F.O. C.P. D.C. 4½ ins.	Breach, failed version. Pro-	Hydrops foetalis.	Child died of prematurity and	Breech.	
ìo	Weight Sprild.	717	၁ တ		1-	्य इत्	0 70   10	∞ <sup>1</sup> / <sub>21</sub>	10 Q	810	9		8 14	∞ –jo1	$\infty$
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	Remarks	Twins. (1) Vertex. (2) Breech. Surg. induct. A.R.M. Children died of	Twins. (1) Vertex. (2) Vertex. Children died of	prematurity.  Bad obstetric history.	Sterilised. Child died of prematurity (?)	Hydramnios. Surg. induct.	False labour. Scabies. 8 days' labour.	K.O.P. F.F.O.  Hypertensive toxæmia in first	Second stage delay.	C.P. D.C. $4\frac{1}{4}$ ins. Brow. Int. podalic version. Child died with a tentorial tear and cerebral hæmorrhage.
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		Remarks	Child died of cerebral			23 hours labour. Surg induct ARM Post.	<i>σ</i> <sub>2</sub>	pregnancy.  False labour.  Child died of prematurity and	1r.	transverse arrest of head. Slight P.P.H.	)	C.P. D.C. 4\frac{2}{3} ins.				two l	74 hours' labour. Deep	ט '	buncture of mead. 68 hours' labour.	
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		Remarks		Child died of prematurity.  Hypertensive toxamia in	y. ougies.	Cardiac (mitral). Surg.	induct. A.R.M.	anen st. A.R.N umnios.	$\cos { m M}$	atresia.  Breech. Spontaneous version.	*	Surg.induct. A.R.M.	R.O.P. Child died of pre-	maturity and (?) influenza. Child died of prematurity and	(?) influenza. Breech. Ext. version.	Surg. induct. A.R.M. Child	died of prematurity and (?) influenza. Child died of prematurity.
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	Remarks.		Surg. induct. A.R.M.	Breech. Ext. version.		31 hours' labour.	rean sectio	first pregnancy.	39 hours' labour.	Breech, Ext. version. Surg.	induct. A.K.M.	Hypertensive toxæmia in 8th,	9th and 10th pregnancies. R.O.P. 74 hours' labour.	Acute bronchitis. Shoulder. Int. podalic version.	forceps to a.c. head. False labour.	Partial placenta prævia.	Observation. Central placenta prævia.
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		Remarks.	Breech. Prolapsed cord.	Ext. version.	prematurity, and $(?)$ influenza.	Bad obstetric history. Eclampsia in first preg-	nancy. Surg. induct. A.R.M.	Child died of prematurity and attelectasis.			Surg. induct. A.R.M.		Surg. induct. A.R.M.	Child died of prematurity		(1) Vertex.	Vertex. Child died of	ty and	21 hours' labour.		65 hours' labour.				
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		Remarks		Surg. induct. A.R.M. Partial placenta prævia.	Second stage delay. Retained placenta and P.P.H. Blood and plasma trans-	fusion. Pyrexia—urinary. Child died of (?) influenza. Surg. induet. A.R.M.	Cardiac (mitral). Breech presentation. 78 hours' labour. Deep transverse arrest of head		Breech presentation.	Breech. Ext. version. Irregular dismissal. Hypertensive toxæmia in first	.cy. Int. podalie ed cord.
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		Remarks.	C.P., D.C. $4\frac{3}{8}$ ins. F.F.O. Transverse arrest of head.	Pyrexia—abscess of buttock. Fibroid. Myomectomy.	Surg. ind. A.R.M.	ind.	cerebral hæmorrhage.	Surg. ind. A.R.M. Retained	placenta. Plasma trans- fusion	31 hours' labour.		Chronic bronchitis.		bat indection.	trypertensive toxæmia in third pregnancy.		
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		Reg. No.	4643	4647	4671	4685	4680	4650		4658	4735	4772	4775	87.74		4/30	

Mothers—Alive, 445; died, 4. Infants—Alive, 351; still-born, 42; died, 41.

# 2.—ECLAMPSIA.

Twins were noted in four cases. Nine cases had been under ante-natal supervision at the hospital clinic. There were 57 cases of eclampsia during the year, 42 of which were in primigravidæ and 15 multiparæ. Thirty-six infants were born alive, and of these five died. There were fourteen still-births. In six cases There were nine maternal deaths (15.8 per cent.). Pyrexia was noted in five cases and sepsis in one case. the child was born outside. There was one miscarriage. Four cases died undelivered.

# A.—Cases under Ante-natal Supervision at Hospital Clinic.

Under Symptoms the word EYE refers to Visual Disturbance and ABDOMEN to Epigastric Pain. Type—A—Ante-partum. I—Intra-partum. P—Post-partum.

			Remarks,	C.P. D.C. 4\frac{3}{8} ins.	45 hours' labour.	Stroganoff treat-	ment.	Unmarried mother.	47 ms. rabour. Deep	9	nead. Suroganon	Surgical induction	<u>.</u>
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		<b>1</b> 0	Weight.	17 (C)				ჯე ე ⊷,4	0			20	Ť
	į	το	Pyrexia. Sepsis.										
	•	цэ	Parts Esbac	63				<u>.</u>	~		-	Ţ.	
	.9 <b>T</b> I	ns:	eədgiH eəru boolU	150/100				170/110	77/017			190/110	
	ld	Days.	Abdomem.									1	,
	ms and	III 173	Eye.	1				[ [			-	-	
	Symptoms a	av1011	Неядясре.	1								1	
	20.5	ma	.sməhəO	1				1 +	-				
01:19	ri Calla.	100	Alive, Still-hor Died.	T.			-	A Y	3			A	
1	Mother Child.	•pe	oiU 10 evilA	A				44	4			A	
			Mode of Delivery.	Mid forceps -			-	Spontaneous -				Spontaneous -	
	4,	·λ.	k Maturity ⊠ Deliver	0f								07	
	u	uo o	g Maturity issimbA &	0#			Ş	04	)			33	
		•	Parity	ा			-					21	
-			Age	53	۰		ç	27 - 6:	)			51	
			Reg No.	258			010	010 584				685	

	Remarks.	Surg. induct. A.R.M.	Unmarried mother. Stroganoff treatment.	р П	A.R.M. Stroga- noff treatment. Unmarried mother.	Stroganoff treatment.
-st	ia io .oV	9	গল	<del></del>	₩	
	Type.*	П	<del></del>	<del></del>	A	
jo	Weight S	57 21	0 8 48 4	64	73	
or	Pyrexia Sepsis.			1		
·ue	Parts Espace		Tr. 10	Tr.		
t sure.	səfigiH sə14 boold	170/120	$\frac{160/80}{140/104}$	168/104	168/110	
ld tys.	Abdomen.		1 1	1	1	
Symptoms and Duration in Days.	Eye.	-	+ 1	ı		
rmpto	Headache.	+	+	**************************************		
Dung	.sməbəO	+	++	+ 77	1	
	Alive, Still-b or Died.	4	44.	A	A	
Wother d	eid to evilA	A	A A	A	A	
	Mode of Delivery.	Mid forceps -	Spontaneous - Mid forceps -	- sdaon torceps	Low forceps -	70-
٧٠.	делітет Зерітет	40	08 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		40 I	
·uc	oissimbA %	39	00000000000000000000000000000000000000		40 4	
uo	Parity StirutsM S		0 –	-	4	
	Age 	30	#12	$\infty$	19	
	Reg No.	1327	1526 2470		4519	

Mothers—Alive, 9. Infants—Alive, 8; S.B. 1.

	Retroverted gravid		R.O.P. 92 hours, labour. Death		pneumonia. Surgical induction.	Stroganoff treatment.
		ু 	∞	<u>ت</u>		
		<u> </u>	<del>  </del>	A	V	т 
	1	7 and	0 10 10	ඩ 	<del>-1</del> '	
	1	1	1	Ъ	<u>d</u>	
	1		ı	20	10	
	112/66	150/98	195/55	170/110	200/130	
8.	1	1	1	ı	1	***************************************
B.—Others.	-	ı		1	1	
B.—	1	1	I	1	1	,
;	1	ł	1	+	+ 5	<u> </u>
		A and	44	SB	SB	
	A	A	Э	4	areset	
	Undelivered -	Spontaneous -	Mid forceps -	Spontaneous -	Spontaneous -	
	10	40	36	30	<u> </u>	
	10	30	98	30	\(\frac{1}{2}\)	
	-		$\neg$	-	Innerd	
	21			9†	21	
	195	3098	925	989	701	

Remarks.	(See under deaths.)	Pyrexia (urinary). Stroganoff treatment	Unmarried mother.	Surg. induct. A.R.M. Child died of.	prematurity. Eclainosia in 5th	cy.	· 1 4 4 4 6 1	hage. Stroganoff treatment. Cerebral hæmorrhage	(See under deaths). Stroganoff treatment.	Stroganoff treatment.	
No. of Fits.	1 22	10			<b>⊣</b> ന		ಣ	-	-	4	ಣ
"LAbe	AA	A	4	2	IA		A	A	A	H	Д
to Julial of Still of	L 70	r 4	8.1		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ا ج	TO Higs		4	& & 4	
Pyrexia or Sepsis.	1	- L							1	-	
Parts Esbach.	+	155	+	9	1 +		4	+	10	63	+
Highest Blood Pressure.	170/110	$\frac{170/116}{190/120}$	152/95	200/120	160/100		215/150	145/110	210/140	145/100	150/100
Abdomen, w		1		1	1 1		ı	+61		1	1
Eye. Eye.	+	+		ı	1 1		1	1	ı	+ -	-
Duration in Headache.	++0	· + +		ı	1 1		l	+	+ 5	2+	1
Oedema. Dug	1+8	2 + + -	1+ -	- 1	++		+1	1	+ 5	2 + c	0
Alive, Still-born	AA	SB	A	А	AU		SB	ı	A	SB	
Alive or Died. A	DA	AA	. A	A	AA		A	9	A	A	A
Mode of Delivery.	Mid forceps -	Spontaneous - Spontaneous -	Spontaneous -	Spontaneous -	Low forceps - Spontaneous -	4	Spontaneous -	Undelivered -	Spontaneous -	Spontaneous -	B.B.O. Spontaneous
Maturity at Delivery.	40 38	% % % %	39	30	40 27		37	56	35	40	40
no Thruth an .moissimbA &	40	8 8 8 8 8 8	39	29	40		36	56	34	40	
Parity.			<u>-</u>	-	1 1			-	-	_	
Age.	5150	999	23	26	ಜ್ಞ ಜ್ಞ		25	34	30	20	27
Reg No.	792	829 871	020	992	997		1140	1184	1185	1288	1473

Remarks,	R.O.P. 52 hours'	Stroganoff treatment. B.B.O. Pyrexia	(urmary). Stroganoff treatment. Stroganoff treatment. Breech. Surg. induct. A.R.M. Stroganoff	int Inc	mother. Stroganoff treatment. Post partum eclampsia with first	pregnancy. B.B.O. Stroganoff treatment.	Stroganoff treatment. Surg. induct. A.R.M. Cerebral throm-	bosis. (See under deaths.) Unmarried mother.	(See under deaths.) Illegitimate preg- nancy. (See under deaths.)
No. of Fits.	<u>– 91</u>	ကက	अचल		ကလ	4	ಸಾ	67	6
*.eqv!T		A D	4-4		нч	A	A and 1	A	A
to theight of S. Chind.	1416	8.4	が	& &4	5	$6\frac{1}{2}$	9	1	
Pyrexia or Sepsis.		1 2			.		A	1	
Parts Bebach.	+ ====	10	222		4 F	01		+	1
Highest Blood Pressure.	$190/132 \\ 150/100$	150/100 168/116	$\frac{150/110}{168/126}$	198/120	170/98	170/100	140/102	154/80	200/130
Abdomen.	1 1	1 1	1 1 1	l	1 1	1			
Symptoms and Duration in Days.  Headache.  Headache.			1 1 1	I -	1 1	+	ı	1	
Headache. Headache			+ +		1 1	+ 5	<del>-</del> +		١,
Oedema. Ogg	1 +	++=	x + + +	+ 08	+	+ =	+	+	+
Alive, Still-born gi	44	4	$^{\mathrm{SB}}_{\mathrm{SB}}$	A	4 ∣	A	A	!	
Alive or Died,	44	A 4	444	A	A 4	A	А	А	A
Mode of Delivery.	Spontaneous - Mid forceps -	Mid forceps - Spontaneous -	Low forceps - Spontaneous - Spontaneous -	Low forceps -	Spontaneous - Spontaneous -	Spontaneous -	Low forceps -	Undelivered .	Undelivered -
A Maturity at Belivery.	38	40 40	40 31 30	10	36	39	40	35	36
no zirutski 😤 .noissimbA 🛣	38	40	40 31 28	30	36	39	40	32	36
Parity.		ų –	-01-		લગ	<b>ા</b>	persed.	p(	Ø
Age.	19 23	35	% c1 c1 % c1 c1	19	30	22	53	56	60
Reg No.	1646 1664	1708 1973	1981 1982 2250	2286	2419 2622	2763	2785	2797	2855

	Remarks.	B.B.O.	Twins. (1) Breech. (2) Breech. Strog-an off treatment.	Unmarried mother. Pyrexia—urinary. Stroganoff treatment.	Surg. induct. A.R.M.	Stroganoff treatment.	(See under deaths.) Surg. induct. A.R.M. R.O.P. Manual		A.R.M. in labour. (See under deaths.)	Surg. induct. Bougies. Twins. (1) Vertex. (2) Breech.	(See under deaths.) B.B.O. Stroganoff treatment. Un-	married mother. Second stage delay. Unmarried mother.
.sti	4 10 .0V	್ಲ	<u> </u>	<b>ි</b>	☼	9	ಣ		11	<u>কা</u>	<del>11</del> .	-
	* əqvT	P	Ъ	Н	Н	Ą	A	HA	A	<b>-</b> 4	A, 1	<u> </u>
lo	F Weight Strict Child Strict C		6 <del>4</del> and 54	×	52	1	9	63	94	31 and 31		47
or	sizəry Sepsis	,	Ъ		1			1	-	$\infty$		
cp'	Parts Esbac		Tr.	+	<u> </u>	77	+	12	ì		÷	?1
te.	eəfgiH eərq bootd	190/125	180/106	166/100	210/110	198/118	170/100	200/125	146/100	194/125	138/96	234/130
and Days.	Abdomen.		1	1	1	1	1	+:	1	[	-	1 ,
ns and in Day	Eye.	1		1			1	+ 0	1	+	1	. +
Symptoms and Duration in 1	Headache.	-	1	1	+	+ -	<b>→</b> +	+ -	+ 9	+	†	+
Sy	Oedema.	+ 8	3 + 7	+ -	- + 8	), + S	00 + 2 <u>1</u>	+ 3	2+2	+ 77	+ 33	+
Obild.	Alive, Still-b or Died.	1	A and A	A	A		A	SB	SB	SB and SB		A
la.	oid no svila	A	A I	A	A	О	A	A	n n	Q	7	A
	Mode of Delivery.	Spontaneous -	Manual breech	Mid forceps -	Spontaneous -	Undelivered .	Mid forceps -	Spontaneous -	Mid forceps -	Spontancous -	Spontaneous -	Low forceps -
at .	Raturity Paviled R	40	38	약	37	39	37	36	42	34	9	40
uo uo	ttirutsM \(\beta\)		36	3	36	39	37	36	4	?i		SS
	. Parity.	2	_	_	4	7	7	-	<del></del>	-	_	
	Age	27	56	33	39	35	59	25	20	89	900	7
	Reg No.	2923	3042	3052	3271	3461	3474	3570	3701	3794	3821	4308

		Remarks.			Miscarriage following	surg.induct. A.R.M. Twins. (1) Vertex.	(2) Vertex. Internal nodalic version	n died	cerebral birth injuries complicated	by influenza. B. B.O.	Stroganoff treatment	Unmarried mother. Child died with	alhæmorr	
_	.st	No. of Fi		್ತಾ	ಣ	÷1				<b>ट</b> 1	67		က	
-		Type.*		A	Н	H				2	4	(		-
_	ĵc	Weight Child	Ibs.	<u>ಜ</u>		5 14	and 41	N i				4	63	#
-	10	Pyrexia.												-
	*t[	Parts Esbac	1,000	9	30	30			-	+	_		+	
	t sure.	səfigiH sə <b>r</b> 4, boole	I	175/100	250/146	154 /80	1			190/130	152/118		150/118	
	and Days.	pqomen.	V	1	1	1				1	, 1			
	Symptoms and Duration in Day	Eye.		1	1	ı					1		1	
	rmpto	leadachte.	E	+\-		1					+		- 1	
	Sy	Oedema.		+ +	+;	<u>+</u>	4			+	+ 21	35	+	
Child	i urio	ive, Still-b or Died.	IA	\$\frac{\darkappa}{\darkappa}		Q	and D				А		A	
Mothon	d. di	eid 10 evil.	V	A	A	A				A	Ą		A	
		Mode of Delivery.		Spontaneous -	Spontaneous -	(1) Low forceps	(2) Manual			Spontaneous -	Low forceps -	4	Low forceps -	
	at V.	ytinutsM JevileU	wks	33	25	37				40	39	1	8	
	·uo uo	ViruteM SissimbA	wks	35	24	37		0			38		38	
		Parity		হ1		_				G1			,	
-		Age.		45	34	75				26	452		99	
		Reg.		4334	4438	4469				4563	4573		4649	

Mothers—Alive, 39; died, 9. Infants—Alive, 23; still-born, 13; died, 5.

COMPARATIVE TABLE FOR PREVIOUS FIVE YARS.

	D.	ec	) <del>4</del> :	9	ಾ	9
Child.	S.B.	19	7	12	17	16
	Α.	27	24	21	7	18
Maternal	Deaths.	$\infty$	70	ĵŌ	9	8
No. of	Cases.	61	38	46	37	45
		1	'	,	,	•
		ı	ı	•	ı	1
<u>.</u>	• 1.	1	ı	,	ı	•
Voor	1	٠	ı	•	,	٠
		•	1	1	•	•
		1938	1939	1940	1941	1942

## 3.—Hyperemesis Gravidarum.

There were 40 cases of hyperemesis gravidarum admitted during the year, and of these 12 were primigravidæ and 28 were multigravidæ; five cases, four mild and one moderately severe, had been under ante-natal care at the hospital clinic before admission. Twenty-two of the cases were mild, fifteen moderately severe, and three severe. There were no maternal deaths.

Of the 22 mild cases, seven were primigravidæ and fifteen were multigravidæ. Seven cases were readmitted, two on account of sickness, and two for normal delivery. One case was delivered by classical cæsarean section. One case was readmitted with an accidental hæmorrhage (see No. 4714 under accidental hæmorrhage) and delivered spontaneously following surgical induction of labour. One case was readmitted on account of sickness and again for anæmia. This patient died undelivered following a blood transfusion (see No. 2638 under deaths). Fifteen cases were undelivered and not readmitted.

Of the fifteen moderately severe cases, three were primigravidæ and twelve multigravidæ. There were three readmissions for sickness, but they did not return for confinement. One case aborted spontaneously and the other eleven cases were undelivered and not readmitted.

Of the three severe cases, two were primigravidæ and one multi gravida. One of the cases was readmitted with an incomplete abortion. The other two were not readmitted for confinement.

Comparative Table for previous Five Years.

Year.	Total.	Prim.	Multip.	Mild.	Mod.	Severe.	Maternal Deaths.
1938 1 1939 1 1940 - 1 1941 - 1	74 80 82 60 44	29 28 37 22 23	45 52 45 17 21	46 38 37 27 25	14 31 25 27 13	14 11 20 6 6	5  4 2 0

### 4.—LATE VOMITING.

There were 26 cases of late vomiting admitted during the year. Five were primigravidæ and twenty-one were multigravidæ. One case was severe, seven were moderately severe, and nineteen were mild.

The severe case died undelivered, with pulmonary embolism and suprarenal hæmorrhage (see No. 1676 under deaths).

In the moderately severe group one case was delivered by mid forceps, and four other cases were delivered spontaneously. Two cases were undelivered and were not readmitted.

In the mild group one case was readmitted on account of sickness and was delivered spontaneously. Five cases were readmitted at term for normal confinement. Nine cases were delivered spontaneously. One of these cases was associated with hypertensive toxæmia, two with heart disease, one with intra-uterine death of the fœtus, and one with hydrops fœtalis. One case was delivered by a low forceps operation. Three of these cases were undelivered and not readmitted.

# COMPARATIVE TABLE FOR PREVIOUS FIVE YEARS.

Year.	Total.	Prim.	Multip.	Mild.	Mod.	Severe.	Maternal • Deaths.
1938 1939 1940 1941 1942	22 27 25 23 23	4 5 5 9 10	18 22 20 14 13	13 13 15 13 15	3 8 6 8 6	6 6 4 2 2	3 1 1

# Pyelitis and Pyelonephritis.

There were 73 cases of pyelitis and two cases of pyelonephritis admitted during the year. The following table shows the types in primigravidæ and multigravidæ, and whether they had ante-natal supervision or not.

Pyelitis.

	`	Delivered.	Undelivered.	Acute.	Mild.
Primigravidæ (A	A) - B) -	$rac{4}{5}$	8 14	2 12	10 7
Multigravidæ (1	A) - B) -	5 10	9 18	3 13	11 15

Labour was induced in six cases, and two cases were terminated by abdominal hysterotomy. One case of pyelonephritis died following delivery after surgical induction of labour (see No. 3755 under deaths). The other case of pyelonephritis was delivered by a mid forceps operation and was dismissed well.

Comparative Table for previous Five Years.

			Year.				Pyelitis.	Pyelonephritis.	Maternal Deaths.
938	-	-	-	-	_	_	92	2	
939 -	_	-	-	-	-	-	100	5	$\frac{1}{4}$
940	-	-	-	-	~	-	97	4	$\dot{\bar{3}}$
941	-	-	-	-	~	-	74	1	ĭ
942	_	-	-	o -	_	- 1	74	î	î

# HEART DISEASE.

Ninety-one cases of heart disease were admitted during 1943. Of these, 47 had been under ante-natal supervision at the Hospital Clinic. There were eight maternal deaths (see Nos. 811, 1002, 1287, 3029, 3888, 3939, 4267, and 4598 (under deaths.)

Tables showing types of cardiac lesion, mode of delivery, and results.

Category A (Total 47).

		1	Туре	of Les	ion.		Results.					cute sm.		
Mode of Delivery.	Mitral.	Myocarditis.	tral and Aortic.	Aortic.	onital Disease.	/F-4-2	Mo	ther.		Child.	• •	Previous Acut Rheumatism.	Pyrexja.	Sepsis.
	Mit	Myoca	Mitral	Aoı	Congenital Heart Disease.	Total.	Α.	D.	A.	S.B.	D.	Previ Rhe	P3	<b>∞</b>
Spontaneous - Forceps Hysterotomy - Undelivered -	33 4 1 1	1 1 1	2 1 1	<u>1</u> 		37 6 2 2	36 6 2 1		35 5 —	1 1 —	2 	17 3 1 —	1 1 —	
Totals -	39	3	4	1		47	45	2	40	2	2	21	2	

# Category B—Others (Total, 44).

		ין	Type o	f Lesi	011.			F	Results	3.		eute m.		
Mode of Delivery.	Mitral.	Myocarditis.	itral and Aortic.	Aortic.	enital Jisease.	m - 4 - 3	Mot	her.		Child.	,	Previous Acute Rheumatism.	Pyrexia.	Sepsis.
	Mit	Myoca	Mitral	Aor	Congenital Heart Disease.	Total.	A.	D.	Α.	S.B.	D.	Previ	F	32
Spontaneous - Forceps	$\begin{vmatrix} 23\\ 3 \end{vmatrix}$	1		<u>.</u>	1	25 3	21	4	20 3	$\frac{2}{-}$	3	11	2	_ _
Perforation and Traction - Abortion -	$egin{bmatrix} 1 \\ 2 \end{bmatrix}$					$\frac{1}{2}$	1 1	<u>_</u>		1		1	<u> </u>	1
Hysterotomy - Undelivered -	5		$\frac{1}{2}$	1		2 5 8	- 5 7	1	_			3 6	1	
Totals -	38	1	3	1	1	44	38	6	23	3	3	22	4	1

# Categories A and B (Total, 91).

Spontaneous - Forceps Perforation and Traction - Abortion Hysterotomy - Undelivered -	56 7 1 2 5 6	2 1 - 1	$\begin{array}{c} 2\\1\\-\\2\\2\end{array}$	1 - - - 1	1 	62 9 1 2 7 10	57 9 1 1 7 8	$\begin{bmatrix} 5 \\ - \\ 1 \\ - \\ 2 \end{bmatrix}$	55 8	3 1 1 —	5 —	28 4 1 -4 6	3 1 - 1 1	_ _ _ 
Totals -	77	4	7	2	1	91	83	8	63	5	5	43	6	1

# Table for Previous Five Years.

		Year	r.			No. of	Maternal	Child.					
						Cases.	Deaths.	Alive.	ive.   S.B.   D				
1938			_	_		90	8	65	2	4			
1939		-	-	-	-	114	7	87	4	5			
1940	_	-	-	-	-	115	3	84	3	10			
1941	*	-	-	-	~	115	7	84	4	16			
1942	-	_		-	-	114	3	95	7	_			

Hèart Disease.

A.—Cases under Anti-natal Supervision at Hospital Clinic.

Remarks.	H.B.P.  Myocarditis. Surg. ind. A.R.M. Surg. ind. A.R.M. Sterilised. Low spinal anæsthetic.	Threatened abortion.  Sterilised. Low spinal anæasthetic.  Previous scarlet fever.  Partial placenta prævia. Acute cardiac failure.	4 .
Weight of Child.	0 1 0 0 1	12   12   12   13   14   14   15   15   15   15   15   15	88   8   7   7
Pyrexia or Sepsis			[ ] ] ] ] ]
Previous Acute maitsmusell	+   + +	+         + +	
Result	44444	4   4   4   4	A     A   A
Re:	444444	DAPA APAP	444444
Mode of Delivery	Undelivered - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Spontaneous - Abdom.	Spontaneous Undelivered Spontaneous Abdom. hysterotomy Spontaneous Spontaneous Chdelivered	Spontaneous Undelivered Spontaneous Undelivered Spontaneous Spontaneous Spontaneous Spontaneous
Orthopnæa	1 1 1 1 1 1		
Dyspnæa	111+++	+     + +   +	+ + +
aqvT	A MM MM M	EKE EE   E	MNN NN NN
A Maturity at Melivery or Mismissal.		24 24 33 41 42 42 42 43 43 43 43 43 43 43 43 43 43 44 45 45 45 45 45 45 45 45 45 45 45 45	2 6 6 6 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9
no yjinitsM 🕏 noissimbA 👸	33 33 11 11	4 2 3 3 4 4 5 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	221 221 38 38 38 36
Parity		0 1 1 2 2 6	1   1   1   0
Age	18 31 31 23 23 23	38   40 28   28 39   38   40 39   40	23   13   13   13   14   15   15   15   15   15   15   15
Reg. No.	192 678 202 319 361 487 592	$ \begin{cases} 693 \\ 786 \\ 1797 \\ 943 \\ 1027 \\ 1080 \\ 1205 \\ 1287 \end{cases} $	1513 1649 2118 3290 1653 1658

Remarks.	Breech. Ext. version.	Face.	Late vomiting. Surg. ind. A.R.M. Previous scarlet fever. Twins. V. and V.	Surg. ind. A.R.M. Previous chorea.		arrest. 23 nours Tabour. Debility.	at it	Compound. V. arms and toot. 14 hours' labour.	Partial plac. prævia. Surg. ind. A.R.M. H.B.P.
Weight of Child.		<b>L</b>	54 41 and	9 G 9	x	3 10 	4 4	60 8 4-1 4	7 C 8 8 7 7 7 7 8 9 8
Pyrexia or sizes	1	1	1 1	1.1	1 1	1 1 1	21	1 1	1 1 1
Previous Acute msitsmusdA		1	+ 1	1 1	1 1	+++	++	1 +	+++
ult Ch		A	A A and	444	A	44	SBS	AA	A A A
Result Ol Ol	A	A	AA	AA	AA	444	D	AA	AAA
<b>b</b>	•	•	1 1	1 2	1 1	5 1 1	1 4	1 1	£ 4 4
Mode of Delivery	Undelivered	Spontaneous	Spontaneous Spontaneous	Spontaneous Spontaneous	Undelivered Mid forceps	Spontaneous Spontaneous Undelivered	Spontaneous Mid forceps	Spontaneous Mid forceps	Spontaneous Spontaneous Spontaneous
Sengodino		I	1 1	1 1	1 1	1 1 1	+.	1 1	1 1 1
Dyspnæa	+	I	+	1 1	1 +	11+	1 +	+ 1	++1
Type	M	A M and	MMM	A M and	MMM	ZZZ	MM	M M and	AMMA
Asturity at Maturity or Delivery or S. Dismissal.	34	40	38	39	29 39	39 40 27	36.	37	40
no ytirutsM 🕏	28	40	36	37	51.52	330	36	38	04 88 04
Parity	ũ		ಬ ಬ		-	ಬ 4 =	-		ಶಶಚ
Age	37		28 30	20	37	27 40 39	30	26 31	40 40 38
Reg. No.	1300	2925	1936 2005	2089	${2267 \choose 3283}$	2285 2380 2543	(3939) 2552	2555 2645	2698 2703 2812

Remarks.	Myocarditis. Irreg. dism.  Child died from prematurity and influenza.  Myocarditis. Previous scarlet fever.  Previous scarlet fever. Surg. ind. A.R.M.  R.O.P. 81 hours' labour. Manual rotation.  P.U.O.  Breech.  Threatened abortion.	n, 2; died, 2.	Surg. ind. A.R.M. P.U.O. Low spinal anæsthetic. Therapeutic abortion.
To days Weight of Child.	C C C C	still-born,	e
Pyrexia or sixeded			
Previous Acute mritsmustfl	111++111+11+11	3, 48;	1+11
Result	AAAA   Q   AA   AAQA	Infants—Alive, 3.—Others.	A A
Res	444444444444 4444	unts—Al	AAA A
Mode of Delivery	Undelivered Low forceps Spontaneous Low forceps Low forceps Undelivered Spontaneous Undelivered Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Undelivered Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous	45; died, 2.	Spontaneous - Spontaneous - Abdom. hysterotomy Dilatation and curettage
Orthopnæa		-Alive,	
Dyspnæa	+       +   + +	Mothers-	+   +
Type	SERE REEL REELE	Mot	M N
As Maturity at Maturity of Mat	24 25 26 27 28 28 28 28 28 28 28 28 28 28		66 39 6
no yjinuteM 🕏	35 35 35 35 36 36 37 36 37 41 41 41 41 41 41 41 41 41 41		36 36 14
Parity	พ   ปพยายุ   พ   4 -   พยา 4.พย		ro co
Age	25   25   25   25   25   25   25   25		228 24 24 37
Reg. No.	$\begin{cases} 3170 \\ 3539 \\ 3216 \\ 3411 \\ 3430 \\ 4445 \\ 4445 \\ 3771 \\ 4032 \\ 4034 \\ 4034 \\ 4034 \\ 4034 \\ 4034 \\ 4034 \\ 4034 \\ 4034 \\ 4034 \\ 4035 \\ 4034 \\ 4034 \\ 4034 \\ 4035 \\ 4034 \\ 4035 \\ 4034 \\ 4035 \\ 4034 \\ 4035 $		524 334 625 625

Remarks.	H.B.P.  H.B.P.  Hap. tox. Surg. ind. A.R.M.  Auriculler fibrillation. Bacterial endocarditis. (See under deaths.)  Surg. ind. A.R.M.  (See under deaths).  Chloroform anæsthesia. Sterilised.  Low spinal anaæsthetic. Sterilised  A.R.M. in labour.  Prev. section.  Twins. V. and V. (See under deaths.)  Mixed acc. hæm. Breech. Child died of prematurity.  Irreg. dism.  Debility.  Myocarditis. Surg. ind. A.R.M.  Chorea.  Chorea.  Late vomiting.
Weight of Child,	12
Pyrexis or Sepsis	
Previous Acute Mheumstism	+1+ +1 ++ +       + +       + +
ult	
Result M. CI	444 47 47 4 4 4444474 4444444
<b>b</b>	
Mode of Delivery	Undelivered Spontaneous Abdom. hysterotomy Abdom. hysterotomy Abdom. hysterotomy Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Spontaneous Undelivered Undelivered Spontaneous Spontaneous Spontaneous Undelivered Spontaneous Spontaneous Spontaneous Spontaneous
Sengodtio	
Dyspnæa	+   +   + + + +
Type.	NENE   E REFERE E EP SUR EN EN EN EN EN EN EN EN EN EN EN EN EN
A Maturity at Delivery or Dismissal.	33 34 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
no tirutsM stanfard	38 38 38 39 39 39 39 39 39 39 39 39 39 39 39 39
Vdirsq	64   12   -12   24   -12   -13
Age.	35 32 33 30 54 55 55 55 55 55 55 55 55 55 55 55 55
Reg. No.	463 1463 1463 11486 1060 1000 1000 1000 1000 11407 11407 11607 11607 11606 11607 11606 11607 11606 11607 11607 11606 11607 1160

Remarks.	ء ا	Sepsis. B. coli. Surg. ind. A.R.M. Hyp. tox. 23 hours' labour. Prev. scarlet	fever.		Child died of prematurity. Pyrexia. Bacterial endocarditis. (See under	deaths.) Child died from influenza and atelectasis. H.B.P. Surg. ind. A.R.M.	Influenzal pneumonia. Previous scarlet	Pyrexia, endocarditis. (See under deaths.) Scarlet fever previously.	Bronchitis.  Low spinal anæsthetic. Sterilised.		Spinal anæsthetic. H.B.P.	Breech. Bacterial endocarditis. (See	under deaths.)	
Weight of Child.	5	0 140 1	1	. 9 es	್ ಕ= ಈ	4.0	ا م	X			_	4		
Pyrexia or Sepsis	$\infty$	1 1			<u>a</u>	1 1		<u>A</u> 1	1 1	1	1 1	1 1	1	
Previous Acute Rheumstism	+	+	1 1	++	.	++	1 1	1 1	+ 1	+	+ +		1	
Ch Ch	SB	AA	<	44		Q A A	4	A			V	SB		
Result M CI	A	44	44	A A	О	44	44	D A	A A	Ą	44	AU D	4	
Mode of Delivery.	Perf. and traction	Spontaneous . Mid forceps .	Undelivered . Spontaneous .			Spontaneous - Spontaneous - Spontaneous -	Undelivered -	Abortion Spontaneous		my	Mid forceps . Undelivered .	Undelivered - Spontaneous -	Undelivered .	
Orthopnæa	1	1 1	1 1	+	+	1 + 1	+	1 1	1 1	1	1 1	1-1	1	
Dyspnæa.	+	++	++		1	+	-	1+-	+ +	1	1 1	1 +	1	
Type.	M	MM	MM	ZZ	K	ZZZ	Z	ZZZ	Z Z	Z;	Z Z .	A H	M	and A
A Maturity at Delivery or Dismissal.	36	41	34 40	40	31	32 40 44 40	29	15	11	23	277	3 3 5 5 7	<u></u> 0	
no virints M 🕏 noissimbA 🛣	333	40	3 3 3 3	40	26	25 80 4 27 80 64	25	223	01	20	255	34 44 44	6	
Parity.	$\infty$	12	7	က ဂၢ		m Ç	<b></b>	ό L c	1 m	~ ·		-1 -41	67	-
Age.	30	35	32	25 34	7,7	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	28	3 m 4	9 9 9	33	22.2	22,42	24	
Reg. No.	2913	2936 3088	\\ 3353 \\ 3769 \\	3868	3888	3950 3970 3986	5707	4267	4410	4424	4514 4533	4598	4707	

## "FAILED FORCEPS" CASES.

During the year 1943, 13 cases, all in Category B, were admitted after failure to deliver with forceps. Of this total three (23·1 per cent.) were primiparæ and ten (76·9 per cent.) were multiparæ. There was one maternal death (7·7 per cent.). This patient died of delayed chloroform poisoning and acute sepsis (see No. 1370 under deaths). This death accounts for 1·3 per cent. of the total for the year. Of the infants born seven were born alive and six were still-born. One infant died after birth due to cerebral birth injury. In the cases where still-birth occurred, a destructive operation was performed in two cases. The infant mortality for this group was 53·8 per cent. This small group which accounts for 0·04 per cent. of the total births was responsible for 1·4 per cent. of the total infant mortality for the year.

In four cases the cervix was not fully dilated on admission. The occipito-posterior position was noted in three cases, contracted pelvis in four cases, and disproportion in one case. There were four cases of puerperal sepsis and one of puerperal pyrexia.

COMPARATIVE TABLE FOR PREVIOUS FIVE YEARS.

	No	Maternal		Child.	Pyroxia	Sepsis.		
	Cases.	Deaths.	A.	S.B.	Died.	I ylexia.	гороги.	
-	24	3	14	10		1	2	
-	- 31	3	13	17		3	3	
-	21	1	7	12	1		2	
-	23	4	4		2		3	
_	15	2	10	1	1	1	$\frac{1}{2}$	
	-	- 24 - 31 - 21 - 23	- 24 3 - 31 3 - 21 1 - 23 4	Cases. Deaths. A.  - 24 3 14 - 31 3 13 - 21 1 7 - 23 4 4	No. Cases. Deaths. A. S.B.  - 24 3 14 10 - 31 3 13 17 - 21 1 7 12 - 23 4 4 15	No. Maternal Deaths.  - 24 3 14 10 — - 31 3 13 17 — - 21 1 7 12 1 - 23 4 4 4 15 2	No. Maternal Deaths.  A. S.B. Died.  Pyrexia.  - 24	

Bonnie	Louinal KS.	(See under deaths.) Delayed chloroform poisoning. Coliform	sepsis. Sepsis. Hæmolytic streptococci. Hypertensive toxæmia.	R.O.P. Manual rotation. Hypertensive toxæmia. R.O.P. Hypertensive toxæmia. Disproportion.	coli. toxæmia.	Prolapsed cord.	Hypertensive toxæmia. R.O.P. Manual	Child died of depressed fracture of skull.		head. Pyrexia (abscess of buttock).	
ivered inter noission.	Del g g x	18 8 m	다 다 다 라 다 다 다	<u>ಟ</u> ಆ ೦	10	bread	अं	ಕ್ಕಾ - 61		<u>⊢′,4</u> 1	
ris or size	Pyre Sep	25	ω	\infty	1			$\infty$	4		
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lsnogs 5 5 5 5 6 7 8 7 8 8	ii Di		±4   ∞∞		4	<del></del>		1	4	I	
ration s.s. I	o O	Faller	Al-	full Full	Al-	full Full	Full	Full	Full	Full	
Result.	Ch.	AA	SB	S S S S	A	SB	A	А	A	A	
Re	M.	A	A-A	AAA	A	Ą.	A	A	A	A	
Mode of		Spontaneous Mid forceps	Spontancous Craniotomy	Mid forceps Mid forceps L.U.S.	High forceps	Perforation and	cleidotomy Mid forceps	Mid forceps	Mid forceps	Spontaneous breech	
to tagic	Ibs. C	8 8 8 4 4	& c/4	010	10	& \21	0 2 2	00	$\infty$	10	
lo noits.	is I	55	25 <u>3</u> 19	12 35 35	481		10	61	$\infty$	101	
no grinu.	dsM ≅ KS Adr	. <del>40</del> 40	40	41 88 88	14	40	0 <del>F</del>	40	40	45	
rrity.			1-10	ت ت ت ـ	က	10	ಣ	posel	00	12	
Age.		38	38	30 21 21	32	30	38	24	77	37	
%. No.		33	1586 2732	3221 3412	3480	3510	3637	4590	4643	4651	

### MATERNAL DEATHS.

There were 80 maternal deaths during the year 1943. Sixteen (20·0 per cent.) of these were in cases which had been under supervision at the ante-natal clinic of the hospital, and 64 (80·0 per cent.) were in cases which had not been under supervision. Of the total number of deaths, 33 (41·2 per cent.) died within twenty-four hours of admission, 20 (25·0 per cent.) died after twenty-four hours, but within seven days of admission, and 27 (33·8 per cent.) died after seven days.

Thirteen cases were admitted after delivery at home and 14 cases died undelivered. One case was not pregnant. Post-mortem examinations were made in 55 of the fatal cases.

Since there were 4,794 admissions to the Hospital during the year the death rate was 16.7 per thousand (or 1.7 per cent.). The death rate calculated per 1,000 live births is 25.7. The death rates in the two categories were as follows:—

Category A, - - - 0.8 per cent. Category B, - - - 2.4 per cent.

### Comparative Table for previous Five Years.

Year.	Total.	Under 24 Hours.	1—7 Days.	Over 7 Days.	Category A Rate as percentage.	Category B Rate as percentage.
1938 -	67	16	24	27	$ \begin{array}{c c} 0.7 \\ 0.5 \\ 0.7 \\ 0.5 \\ 0.7 \end{array} $	1.8
1939 -	59	22	13	24		1.8
1940 -	65	19	20	26		1.6
1941 -	59	23	23	13		1.9
1942 -	52	18	15	19		1.5

Table showing cases of Maternal Deaths in 1943 in both Categories, and duration of residence in Hospital of these cases.

Cause of Death.	Under	24 hours.	Over 24 hours, under 7 days.		Over	7 days.	Totals.
oution of froutit.	A.	В.	Α,	В.	A.	В.	Totals.
Intercurrent Diseases—							
Heart disease		1	1	_		5	7
Anæmia, blood transfusion	_	_		_	1	-	1
Aneurysm Peritonitis	_	1		1		_	$\frac{1}{2}$
Complication of Pregnancy—							11
Eclampsia		3		4		1	8
Accidental hæmorrhage -	-	4		1	_	1	6
Yellow atrophy of liver - Pyelonephritis	_	_		1	1	-	1 1
r y crone particles					1		16
Complications of Delivery—							
Retained placenta and post- partum hæmorrhage -	1	10		1		1	1.9
Post-partum hæmorrhage -	1	$\frac{10}{2}$		1			$\begin{array}{ c c c }\hline 13 \\ \hline 2 \end{array}$
Hypertensive shock				2		1	$\frac{2}{3}$
Obstetric shock		1	3	1			5
Placenta prævia	_	1	1	1	1	_	4
Ruptured uterus		5	1		1	1	8
Vulvar hæmatoma	_	1	_	_		_	1
Pulmonary collapse Intra-partum sepsis	_		_		1	_	1
- +			_		1	_	$\frac{1}{38}$
Complications of Puerperium—							
Uterine sepsis	_	]		_	1	6	8
Pulmonary embolism - Paralytic ileus	<u> </u>	Ţ		1	1	-	3
Anæmia and shock	_						
Cerebral softening				1	_	1	1
							14
Not Pregnant—							
Salpirgitis and peritonitis -		1					1
Totals	1	9.5	e	1.4	0	10	
TOTALS	1	32	6	14	9	18	80

SUMMARY OF FATAL CASES DURING 1943.

A brief summary of each of the fatal cases is given in the following tables:—

### 1. INTERCURRENT.

	1	:	1				
Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Cardiac. Mitral stenosis.	811	30	3	В	39	P	A
Auricular fibrillation.	Previ	ous history	no fever	s or operat	ions.		1 7000
Spontaneous	Obstetric history—2 full-time spontaneous deliveries, April, 1936 and September, 1939; health good throughout.						
delivery.	The p	patient had	been unde	r care of he	r own docto	or. She had	d felt wel
Bacterial	till Jani	ıary, 1943, <sup>,</sup>	when she k	pegan to fee	I tired, but	was able to	continue

The patient had been under care of her own doctor. She had felt well till January, 1943, when she began to feel tired, but was able to continue light housework. At the beginning of February she coughed blood up on two occasions and was kept in bed thereafter. She was admitted to hospital on 2/3/43 when 35 weeks pregnant.

On admission, T. 97°, P. 150, R. 22. Patient was pale and had a marked malar flush. There was slight ædema of the ankles but not of the lumbosacral pad. There was dyspnæa but no orthopnæa. Examination of the heart revealed auricular fibrillation and mitral stenosis. Tincture digitalis was administered. It had been given before admission too. The ædema of the ankles slowly increased and spread to the thighs and vulva. Labour commenced spontaneously on 24/3/43, and 3 hours later an infant was born spontaneously. The ædema continued to increase and when seen by the cardiologist he expressed the opinion that the outlook was hopeless. Her condition slowly deteriorated during April and May, with a few slight remissions, but she died on 11/6/43.

P.M. exam. not granted.

Cardiae (mitral and aortie)
Jaundice.

endocarditis.

1002	23	1	В	30	 
~~ .					

Previous history—rheumatic fever at 20 years of age and the patient was in bed for 8 weeks.

The patient had not been well for 3 years and had been in bed intermittently with heart trouble. L.M.P., 20/8/43. She took diaphragmatic pleurisy with left-sided pain and was in bed for 10 weeks in early pregnancy. There had been breathlessness on slightest exertion since

then. She had done no housework for over a year.

On admission, T. 97°, P. 108, R. 20. The patient was of average height, thin and pale with mucuous membranes pale also, but there was a marked malar flush and pulsation of the veins of the neck. Liver dullness was increased and there was ædema of the ankles. Harsh systolic and presystolic mitral murmurs were noted. The patient was treated with rest in bed, Vit. B1 and Vit. C, also glucose, as she had frequent sickness. Jaundice developed on 17/3/43 and gradually deepened as patient's general condition deteriorated. Urinary suppression developed on 20/3/43 and persisted till death on 21/3/43.

P.M. exam. refused.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Cardiac (mitral). Twins.	3029	35	7	В	35		SB
Congestive	Previo	ous history-	-nothing	of note.	1	į į	1

Obstetric history—2 full-time spontaneous births, August, 1929, and Health good. July, 1933, cæsarean section because of placenta prævia. November, 1934, full-time spontaneous birth—health good during pregnancy. 1937, full-time spontaneous still-birth following ante-partum hæmorrhage at term. April, 1940, full-time spontaneous Troubled with breathlessness during pregnancy.

Patient had been attending her own doctor from January, 1943. The patient was admitted to hospital on 21/5/43 with mild dyspnæa and slight cedema. She was dismissed in a satisfactory state on 11/6/43. She did not attend the hospital till 13/8/43, when she was immediately

readmitted.

On admission, T. 97°, P. 88, R. 20. There was gross cedema of the legs up to the knees. She was orthopnoic and slightly cyanosed. The patient was rested in bed but went into labour at 4 a.m. and gave birth to a premature twin at 12.50 p.m. An hour before the birth she developed signs of congestive heart failure and was given coramine and strychnine but with no improvement. She died 7 minutes after delivery of the first child. The second child was not born.

P.M. exam. not granted.

Mitral stenosis.  $\operatorname{Bacterial}$ endocarditis. Cardiac failure.

heart failure.

3888	24	1	В	31	P	D
						,

The patient had never suffered from fevers or operations but had chorea at the age of 12 years.

Obstetric history—nil.

The patient had been off work from April, 1943, and had been under the care of her own doctor. She was troubled with sickness and vomiting,

though pregnancy was not diagnosed till early in October. On admission, T. 98°, P. 84, R. 20, B.P. 110/70. The patient looked pale, her tongue was furred and there was a malar flush. An apical systolic murmur was noted on examination of the heart. On 25th-27th October the pulse rate slowly increased to 120 and the temperature, which was intermittent, reached 100° on 5/11/43. M. and B. 693 was given and the temperature and pulse rate settled within a day. She continued in this state for the next 3 weeks. When M. and B. 693 was stopped the temperature recurred. On 24/11/43 she was seen by the consultant physician who diagnosed subacute bacterial endocarditis. Next day a pint of whole citrated blood was given. The patient was not at all well and her temperature was slowly rising. The M. and B. 693 had to be stopped owing to a low white blood count. On 28/11/43 spontaneous labour started and delivery was completed  $5\frac{1}{2}$  hours later. Chloroform analgesia was given during the pains. Delivery was assisted by fundal pressure and the placenta was expressed, as there was some vaginal bleeding. Her condition after delivery was fairly satisfactory, but 5 hours later she showed signs of cardiac failure. Coramine only had a temporary effect and she died  $7\frac{1}{2}$  hours after delivery.

P.M. exam.—Vegetations on mitral valve. Infarctions in spleen.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Cardiac (mitral). Congestive	3939	39	11	A	36	Р	SB
cardiac failure.	Previo	ous history-	the pati	ent had rh	eumatic fev	rer when sh	le was 12

Previous history—the patient had rheumatic fever when she was 12 and again when 26, and also in the following year. Cholecystectomy was performed in 1939.

The patient had 6 normal full-time pregnancies from 1923-1931. In 1932 she had a 7 months' premature birth. In 1933 there was a normal full-time pregnancy. In 1934 she was troubled with heart disease during pregnancy which terminated at 7 months. In 1938 she had a further pregnancy complicated with heart disease, but the pregnancy went on full time.

She had been under the care of her own doctor but was sent to the out-patient clinic on 24/6/43, and attended twice before admission on 8/7/43 because of dyspnæa. She was in hospital for 20 days and improved considerably during that time. It was thought advisable to allow pregnancy to continue. She continued to attend the dispensary and on 14/10/43 complained of a little breathlessness. Later she developed a severe cough and a pain in her chest on 23/10/43. She called in her own doctor who transferred her to hospital?

On admission, T. 99°, P. 100, R. 20. The patient was dyspnœic and had a distressing cough. There was no cyanosis. Liquor amnii was draining away. Labour pains commenced at 7.45 a.m. on 24/10/43 and the child was still-born 15 minutes later. Shortly after delivery the patient collapsed and became very cyanosed and seemed to be on the point of death, but rallied with coramine. Coramine and digitalis were given routinely thereafter and she slowly improved. On 26/10/43 the coramine was discontinued as she seemed so much better, but next afternoon she collapsed and died at 4 p.m.

Cardiac (mitral). Bacterial endocarditis. 4267 | 37 | 5 | B | 15 | P | \_

Previous history—the patient had no history of scarlet or rheumatic fever. She had pneumonia in 1942. Appendicectomy had been performed in 1932.

Obstetric history—1936, 1937, 1938 and 1940 patient had 4 abortions, all occurring at 2 to 4 months' gestation.

The patient had been breathless on exertion for many years, especially on climbing stairs. She was able to do all her housework except heavy scrubbing. During the past few months before admission her breathlessness had been getting worse. There had been no swelling of feet noted. On admission, T. 97°, P. 120, R. 20. The general appearance was good

and no apparent breathlessness was noted; B.P. 140/100. The patient was confined to bed and her pulse rate settled to about 100 per minute. On 29/11/43 a feetus was passed. Later she was anæsthetised with gas and oxygen and the remaining products of conception removed digitally. She was very shocked after this and 540 c.cs. blood plasma were given by intravenous drip. She improved after this. Next day she seemed no worse than she had been before delivery. Tincture Digitalis M. 30 was given t.i.d. thereafter but still the pulse rate was rapid though now intermittently varying between 130 and 90 per minute. Ferri et Ammon cit. was also prescribed. On 9/12/43 Hb. 54 per cent., R.B.C. 3,289,000, W.B.C. 9,600. The urinary output now was small and the consulting physician recommended the use of Salyrgan. This improved the urinary excretion but the patient was developing generalised ædema and also had an intermittent pyrexia. Despite the increased urinary output the ædema became worse and the patient slowly more exhausted. She died on 17/12/43, 18 days after delivery. P.M. result—Bacterial endocarditis.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Recurrent bacterial	4598	42	4 .	В	35		SB
endocarditis.	Previo	ous history-	–no fevers	s or operation	ons were sui	ffered by th	e patient.

Previous history—no fevers or operations were suffered by the patient. Obstetric history—in 1928, 1931, and 1935 3 normal full-time spontaneous deliveries.

Health had been good throughout pregnancy. The patient had been in good health till she was 22 weeks pregnant. Then she developed a cough and breathlessness and attended her doctor for the first time. She had been in bed intermittently for the 12 weeks prior to admission. During that time the cough became worse and she had suffered an apparent loss

of weight.

On admission, 15/12/43, T. 98°, P. 106, R. 38. Patient was very breathless and had dyspnœa but not orthopnœa. There was no œdema. Her respirations were very laboured and wheezing. Two days after admission the patient was much more comfortable and less breathless. No consolidation in chest was detected. On 20/12/43 cyanosis became marked and increased. Digitalis was given 4-hourly. Next day her condition was rather improved. 10 ozs. blood removed on the following day to relieve the congestion. The patient seemed a little better after this. R.B.C. 3,490,000; W.B.C. 7,000; Hb. 62 per cent. The next day she was much weaker and continuous oxygen therapy was instituted. That evening labour started and a macerated child was delivered spontaneously as a breech presentation. Labour lasted 2 hours. She was very much weaker after this and died 6 hours later.

P.M. exam.—Recurrent bacterial endocarditis. Hypoststic pneumonia.

Anæmia.
Hypertensive
toxænia.
Blood
transfusion.
Cardiac failure.

Hypostatic

pneumonia.

2638	37	$\frac{1}{2}$	A	39	 _

Previous history—nothing of note.

Obstetric history—3 months' miscarriage, November, 1941, following

hyperemesis.

The patient had been attending the ante-natal clinic from 14/12/42 and was admitted to the hospital with hyperemesis on 4/1/43 and was dismissed well on 13/1/43. She continued to attend the clinic regularly but was readmitted on 21/6/43 with a recurrence of the sickness. This cleared up and she was dismissed on 8/7/43. She was readmitted on 15/7/43 on account of anæmia, which had been present throughout

On admission, T. 97·4°, P. 104, R. 20. Hb. 50 per cent. There was cedema of the feet and legs. Anahæmin and colliron were administered. It was decided to terminate pregnancy by cæesarean section and it was thiught advisable to give her a pint of blood before operation; 380 c.cs. blood were given in 75 minutes and then the patient took acute pain in her chest and loins. The transfusion was immediately stopped. She took a rigor and vomited. Harsh retching then developed; morphine, gr.  $\frac{1}{4}$ , did not have much effect. The retching and coughing continued till she was spitting blood. Diamorphine, gr.  $\frac{1}{12}$ , was given with some improvement, but 3 hours later her condition deteriorated and she died at 1.20 a.m.

P.M. exam.—Tubular congestion of kidneys. Congestion of lungs. Endocardial hæmorrhages. No incompatibility of bloods.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Advanced atheromatous	2376	36	5	A	40	_	A
degeneration	Previ	ous history-	-nothing	of note.	_	•	•

Previous history—nothing of note. Obstetric history—1935 and 1937, 3-12 abortions. 1936, F.T. spontaneous delivery, still-born child. Health good during pregnancy. 1940, ante-partum hæmorrhage and still-born child. Health good during

pregnancy.

The patient had attended the ante-natal clinic regularly from 11/11/42. She was admitted to the hospital with a threatened miscarriage on 9/4/43 when she was 27 weeks pregnant. She was treated with Vitamin É and nepenthe and all staining ceased. She was dismissed after 22 days in hospital, and then continued to attend the dispensary. Her general health remained good. In view of her obstetric history it was decided that a cæesarean section delivery was advisable to insure a live child,

so she was readmitted on 25/6/43 when 39 weeks pregnant.

On admission, T. 97°, P. 100, R. 20. B.P. 120/84. The patient seemed in good health. No abnormality of the respiratory or cardiovascular systems was detected. Cæsarean section was performed on 1/7/43 by the lower uterine segment method, under spinal anæsthesia. Ephedrine was given as premedication. In the final stages of the operation the patient complained of headache and præcordial pain but seemed otherwise well. Fifteen minutes later she was semi-comatose and the speech was slurring and incoherent. There was a blood-stained froth at the lips. Morphine improved her condition. Next morning at 6 a.m. she had a relapse and a swelling was noted in the right supraclavicular region. The swelling was fluctuant but not discoloured. Omnopon and coramine improved her condition. The heart appeared to be displaced to the left on percussion, and the right lung seemed partly collapsed. At 1.20 p.m. she relapsed, became comatose and died 10 minutes later.

P.M. exam.—Left side of thorax full of blood clot displacing heart and lung. Subclavian arteries showed two small aneurysms and patches of

atheroma close to origin.

Appendicitis and peritonitis. Premature labour.

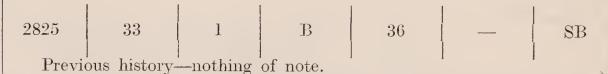
of arteries.

hæmorrhage due to rupture

of subclavian

aneurysm.

Intrathoracic



The health was good during pregnancy but on 26/7/43 the patient developed right-sided pain which persisted, and on 30/7/43 became very acute and localised to the right side fairly high up. There was some

vomiting. There was no history of urinary upset.
On admission, 30/7/43, T. 100·8°, P. 128, R. 22. The patient appeared very distressed, with her knees drawn up, and face grey and drawn. The abdomen was tender all over but particularly at the area over the appendix. On 31/7/43, at 12.15 a.m., laparotomy was performed and the appendix found to be gangrenous and ruptured. Free pus was found in the abdomen. The appendix was removed and a tube drain inserted. Next evening the patient went into premature labour and at 7.15 p.m. the cervix was found to be fully dilated and the head low in the pelvis. Delivery was completed with low forceps. The child showed early maceration. 20 per cent. glucose saline was given intravenously. The pulse rate which had been 120 rose after this to 160, and the patient died, at 6.10 a.m. next morning.

P.M. exam. not granted.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Diverticulitis. Generalised	3843	29	3	В	40	_	B.B.O.
peritonitis.	Previ	ous history-	nothing	of note.	ı	1	1

Previous history—nothing of note.

Obstetric history—two previous miscarriages. Details not known. The patient was in good health till 14/10/43, when she went into labour and was delivered by forceps after an episiotomy on 16/10/43. There was no abnormality but the patient became shocked after  $\frac{1}{2}$  c.c. Pituitrin had been given. The placenta was then expressed. The pulse became rapid

and uncountable.

On admission the patient looked extremely shocked. Her pulse was very difficult to feel. She was very ill and cyanotic. Coramine, morphine, and oxygen were administered. She had no complaint of pain or tenderness. Twitchings of the extremities occurred about half an hour before death. The patient was  $2\frac{1}{2}$  hours in hospital.

P.M. exam.—Generalised peritonitis—diverticulitis.

## COMPLICATIONS OF PREGNANCY.

476

Previous history—no operations or fevers.

The patient had been in good health during pregnancy but ædema developed in the last few weeks before admission. Labour commenced on 1/2/43, but did not seem to be true labour—the pains were poor and in the back only. The patient was sent to hospital as a delayed labour.

On admission, T.  $97^{\circ}$ , P. 76, R. 20 on 4/2/43 at 3 p.m. The patient was an extremely fat girl and of good colour. There was cedema of the ankles and the B.P. was 175/110. The urine was albumen frec. The labour commenced slowly and at 12.20 p.m. on 5/2/43 the patient took an eclamptic seizure, followed by another 30 minutes later. Morphine gr. 4 was given but another fit occurred at 1.50 p.m. A general anæsthetic with chloroform and ether was given for 20 minutes at 2 p.m. The B.P. fell to 165/55 with this treatment. There were further fits at 5 p.m., 6.25, 6.50, 7.13 and 7.20 p.m. An anæsthetic for 20 minutes was given at 5.20 p.m. and 7.25 p.m. It was found at 7.40 that the cervix was fully dilated, so forceps were prepared and she was delivered with mid forceps after manual rotation of the head, which was lying in the occipito posterior position. Delivery was completed at 8.30 p.m. Morphine, gr. \(\frac{1}{4}\), was given after delivery and at 9.20 p.m. the patient collapsed and her pulse became impalpable and then she became acutely blanched and died at 9.30 p.m. despite coramine.

P.M. exam.—Fiscal P.M. Signs of eclampsia.

794 37 Previous history—nothing of note.

The patient was under the care of her own doctor and was well till a month before admission. Sickness was present intermittently from the 5th month. Oedema developed a month before admission. Severe headaches were present for 3 days before admission. Spots in front of eyes were also noted prior to admission. The patient was then sent to hospital.

Dystocia. R.O.P. Eclampsia. Forceps delivery. Death under influence of anæsthesia.

Ante-partum eclampsia. 2nd stage delay. Mid forceps. Chloroform poisoning.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
	the legs the B.F. followin membra 7.15 p.n immedia did not at 6.10 this tim venous and mu sickness continu vomitus 15/3/43	was appared was 200, g day the lanes were pared ately given commence a.m. on 7/3, glucose was cus in the second to be pared to be pared on 14/3.	ent and the /120 and B.P. had result and the character and the cha	e face was the patient isen to 205 at 1.20 p.m. hesia and 20 loroform was urinary out d vomiting 10/3/43. was drinkin ven. The tervals per puric rash of	puffy. The was given /120 and E  1. She tool of c.cs. 50 pas repeated for the put had been and very slite of the patient well, and jaundice was rectum and	day after a day after a morphine, sbach, 7 pa a eclamper cent. glu a hours later with forceps on satisfacto a t passed so there was vas deepening also occas legs develoud at 5 p.m.	dmission but the rts. The otic fit at cose were a delivery ry during e. Intrame blood ery slight g. Blood ionally in
Ante-partum eclampsia. Cerebral hæmorrhage.	Previous Pre	ous history patient was ric pain. So much better and this unconscious dmission at B.P. 145/vere no furt exam.—Ecl	—asthma well till the vomited and was follows and rem 9.30 a.m. 110. Stroker fits but amptic sig	for some yet 28/3/43 and during the sup. On 3 red by a fit ained so. on 30/3/4 oganoff treat the patient in liver a	he following $30/3/43$ she lasting a few timent was at died at 7.	vers. e felt sick g night. Or wakened w w minutes.  ht was deep commenced 20 p.m. Cerebral hæ	1 29/3/43 ith severe She then ly unconat once.
Eclampsia. Cerebral thrombosis.	Previous No home patient On a looking treatment at 12.3 An eclar by low comato state for the state f	ous history, istory of ill suffered an dmission, T woman. ent was give 5 p.m. the amptic seiza forceps on se thereafted or the next	—nothing l-health due clamptic eclamptic 101°, P. 8 The face on adminembrane follower and couday an	of note. uring pregn seizure and 86, R. 24. and limbs ssion and the s were artified 8 hours lat at 8.20 p. dld not be died on 2/8	ancy. On a lancy. On a lancy of the patient of the patient in the later. The part of the later. The part of the later. The later.		8.30 p.m. mission. g healthy-stroganoff n 30/7/43 ce labour. delivered ne deeply

			141			•	
Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Eclampsia.	2797 Previo	26 ous history-	no histo	B B	32		_
	On the property of took two took two two two takes from the property of the pr	patient had morning of o fits. It was dimission, shanning the of the lumboalbuminuria.	been wor 29/7/43 slyas then drawas dee tongue. It is a morphi	King but when the was found is covered the eply unconstant Moderate as was noted in equal $\frac{1}{4}$ .	vas not know d unconscious the was decious. The dema of the was given der light of	pregnant.  pregnant.  re was blocklegs and control, P. 144, B.I.  The ter	and later od on her asiderable 2. 154/80.

A lumbar puncture under light chloroform anæsthesia was performed 5 hours after admission. The cerebro-spinal fluid was not under pressure, and was clear. One hour later, T. 106.4, P. 160, R. 40. 300 c.cs. 50 per cent. sucrose and 900 c.cs. 50 per cent. glucose were given. The B.P. was then 90/50. The patient's condition remained unchanged and she died 12 hours after admission.

P.M. exam. Necrotic eclamptic liver. Perisplenitis. Eclamptic kidneys.

2855

Previous history—not obtained.

Obstetric history—one previous pregnancy, 11 years before, but details

The patient had not been under the care of a doctor but one was sent for when she took a fit on 2/8/43. Details of previous health in this pregnancy were not obtainable. She had 3 fits in all at home.

On admission, T. 104°, P. 110, B.P. 200/130. The patient was conscious but very confused on admission. Morphine, gr. 1, was given just after admission but an hour after admission patient took a further fit followed by 5 more despite another  $\frac{1}{4}$  gr. of morphine. 500 c.cs. 50 per cent. glucose was then given intravenously, but though the fits ceased the patient remained unconscious. She died at 12.40 a.m. on 3/8/43.

P.M. not granted.

3461

Previous history—nothing to note.

The relatives stated that she was in good health till a month before admission when her ankles began to swell. She improved under treatment and was said to have completely recovered in two weeks, but in the week before admission her face, hands and legs became puffy and swollen again. The day before admission she suffered from headaches and was lethargic. On 17/9/43, at 1 a.m., she took an eclamptic seizure and had five subsequently. She did not regain consciousness after the first fit. She was given morphine at noon and sent to hospital by air ambulance and admitted at 2.45 p.m.

On admission, T. 101·4°, P. 116, R. 28. She was comatose and restless. The pupils were contracted. The tongue was swollen, dry and bitten. The breathing was stertorous and heavy and she was cyanosed was gross general ædema. Stroganoff treatment was commenced at once. She continued to be restless and became worse, so at 7.15 p.m. 450 c.cs. blood were removed by venesection. Vaginal examination showed the cervix to be 3 fingers dilated. Next day her condition was slowly deteriorating but the cervix was only half dilated so delivery was impossible. She died at 2 p.m.

P.M. exam.—Basal portions of lungs solid and dark red in colour. Full of frothy fluid. Liver typical eclamptic pattern. Very pale yellow in colour.

Eclampsia A.P. (9 fits).

Ante-partum eclampsia.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Eclampsia.	3701	20	1	В	42	_	SB

Pneumonia in childhood but nothing else of note.

The patient had been under the care of her own doctor. In the first four months she was much troubled with sickness and vomiting. Thereafter she was well till 10 days before admission when her feet and hands began to swell. There were no headaches or visual disturbances until the day of admission. She gradually lost consciousness and took an

eclamptic seizure at 9 p.m. On admission, T. 97°, P. 104, R. 20. On admission she was restless and confused and was moderately cyanosed. Morphine, gr. 1/4, was given at once and repeated 3 hours later. She was then conscious but confused and complaining of headaches. Next morning she was in the same state, B.P. 145/100. Esbach 4 parts. At 11.15 a.m. she had an eclamptic seizure, followed by another one at 12.55 p.m. The second fit was very severe. Under light chloroform anæsthesia 100 c.cs. blood were withdrawn and 350 c.cs. 50 per cent. sucrose were given intravenously.  $\frac{3}{4}$  rg. morphine was given in the 24 hours. On 9/10/43, at 3 a.m., labour pains commenced and she had a fit at 3.30 a.m. T.  $102^{\circ}$ , P. 96, R. 32 at that time. There were 8 further fits before 10.30 a.m. Forceps delivery was completed at noon. The patient died at 5.40 p.m. without regaining consciousness.

P.M.—Not granted.

Hypertensive toxæmia. Uteroplacental apoplexy.

255	30	1	В	37	 _

Previous history—amputation of breast.

The patient had been under the care of her own doctor throughout: pregnancy. She had not enjoyed very good health and had been troubled! with intermittent vomiting during most of her pregnancy. There had! been occasional headaches and abdominal pain. There was no visuall upset or ankle swelling. Vaginal bleeding began at 5 p.m. on 19/1/43}

and was accompanied with severe abdominal pain.
On admission, T. 97°, P. 100, R. 20. The patient was pale but in fairly. good condition. The uterus was tense and tender and she had continuousabdominal pain. Morphine, gr.  $\frac{1}{4}$ , was given and Pituitrin  $\frac{1}{2}$  c.c. On  $\frac{1}{20/1/43}$ , at 8.30 a.m., the patient was ill and anxious looking. The pulse was poor and irregular. The feetal head showed on separation of the labia. At 9 a.m. patient began vomiting, and at 10 a.m. blood transfusion was given. At 11.30 a.m. morphine, gr.  $\frac{1}{4}$ , and pituitrin,  $\frac{1}{2}$  c.cs., were administered. At 12 noon the pulse slightly improved. At 1 p.m. the patient was very sick and restless. At 2 p.m. she was in a semi-conscious condition, and worse at 2.30 p.m. The pulse was imperceptible and death? occurred at 2.47 p.m.

P.M. exam.—One or two small hæmorrhages on lining of anterior abdominal wall. Several large petechial hæmorrhages on surface of liver. No obvious hæmorrhage of suprarchals. 500 gms. retroplacental clot.

Utero placental apoplexy.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Mixed accidental	581	32	10	В	35		
hæmorrhage.	Previo	ous history-	-scearlet	fever at 2	'years. Cu	rettage 11	years ago

Previous history—scearlet fever at 2 years. Curettage 11 years ag and  $4\frac{1}{2}$  months ago in the Southern General Hospital.

Obstetric history—7 full-time spontaneous deliveries, 1930-1940, with

6 months and  $4\frac{1}{2}$  months abortion in 1932 and 1942.

The patient had been troubled with vomiting throughout her pregnancy but had only seen a doctor twice during the pregnancy. At 8 p.m. on 11/2/43 labour commenced and she developed fairly profuse bleeding at 3 a.m. on 12/2/43. The district staff was called to the house at 4.30 a.m. and the patient was brought into hospital at 6.35 a.m. There was continuous severe pain then.

On admission at 6.35 a.m., T. 97·4, P. 92, R.20. The patient was pale but the pulse was of good quality. The uterus was tense and firm. Mixed accidental hæmorrhage was diagnosed. Morphine, gr. \(\frac{1}{4}\), was given at once and the patient's condition improved. At 10.45 p.m. she became restless and the pulse was of poor quality. A blood transfusion was then given but there was no response on the part of the patient. She died at

12.45 p.m. on 12/2/42.

P.M. exam.—Subendocardial hæmorrhages, left interventricular septum. Petechial hæmorrhages on peritoneum of anterior abdominal wall. Uterus well retracted with rupture at junction of upper and lower segments; this tear extended across anterior half of organ, and a second tear, 3 in. in length, had occurred vertically from the centre of the first. Child in membranes and with placenta attached lying in lower abdominal cavity. 280 gms. dark clot adhering to placenta with rather deep depressions.

1401 | 35 | 2 | B | 35 | — | SB

Previous history—nothing of note.

Obstetric history—one previous full-time spontaneous delivery.

The patient had been well until a few days before admission when her ankles started to swell. There were no headaches. On 13/4/43 there was abdominal pain and vaginal bleeding early the following morning.

On admission, T. 97°, P. 96, R. 20. The patient was pale and seemed a bit shocked. There was no bleeding. The ankles were cedematous. A still-born female infant, weighing  $5\frac{3}{4}$  lbs., was born at 10.55 a.m. Urinary excretion was very unsatisfactory and sucrose was given intravenously to combat this but with very poor result. The patient continued drinking well but was very cedematous next day (15/4/43). Glucose was given intravenously, but with no result. On 16/4/43 patient became comatose On 17/4/43 600 c.cs. 50 per cent. glucose were given, but only 1 oz. urine was obtained. On 18/4/43 the coma was much deeper. 50 per cent. sucrose was given but with practically no result. On 19/4/43 patient died at 7.5 a.m.

P.M. exam.—Eclamptic liver with large areas of necrosis. Well marked eclamptic lesions and necrotic areas in kidneys.

2134 | 31 | 4 | A | 28 | — — —

Previous history—nothing of note.

Obstetric history—January, 1940, full-time spontaneous delivery after prolonged labour and followed by P.P.H. and blood transfusion. January, 1941, 7-12, spontaneous still-birth. August, 1942, 6-12, abortion.

The patient had been in good health and had attended the out-patient clinic from 25/1/43. B.P. 120/80 at that time. In May, however, she

Mixed
accidental
hæmorrhage.
Urinary
suppression.

Ruptured uterus.

Obstetric shock.

Hypertensive toxæmia.
Surg. ind.
A.R.M.
Mixed
accidental

Mixed accidental hæmorrhage. Shock.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.			
	took fainting turns and was admitted to the hospital in June because of headaches and dysuria.  On admission, T. 97 8°, P. 104, R. 26. B.P. 124/84. Marked ædema of feet and legs. On 10/6/43 Hb. 54 per cent. She developed albuminuria and the blood pressure commenced to rise 17/6/43. B.P. 140/90 Esbach, 4 parts. Next day 400 c.cs. of 50 per cent. sucrose were given intravenously but with poor result. She took a rigor and commenced to bleed per vaginam. Staining continued for the next two days and the blood pressure rose to 164/92, and ædema increased. It was decided therefore, to puncture the membranes, and this was done on 21/6/43 at 4.50 p.m. Profuse hæmorrhage and rapid collapse followed this procedure and despite a transfusion with whole blood and plasma the patient died at 7.45 p.m.  P.M. exam.—Not granted.									
Mixed accidental hæmorrhage.	Previous history—nothing of note. Obstetric history—the patient had high blood pressure during her first pregnancy but the others were normal. The patient had ante-natal care at a public health department clinic. She sent into the hospital for the services of a nurse and when the nurse arrived at her house she found the patient lying in a pool of blood. She was treated for shock and brought into hospital at once. On admission, T. 97°, P. (?), R. 32. B.P. 90/60. She was extremely restless and had air hunger. The extremities and trunk were cold and clammy. There was no vaginal bleeding. She was complaining of abdominal pain and severe backache. The uterus was soft but not tender. There was ædema of the ankles. The patient was given morphine, gr. \frac{1}{4}, followed by a pint of plasma and then a pint of blood, but during the blood transfusion she collapsed and died. P.M. exam.—Not granted.									
Concealed accidental hæmorrhage.	Obste Labor after. pains. On actender, shocked almost frapidly plasma dextrose to be in forated a at once also a became to the t	tric history- tric history- or commence The pains of On 13/10/4 dmission, The especially in Waginal fully dilated despite mon were given, were given, were developed and delivery and 14/4 lbs. moderate peritical. A	—nil.  ed on 10/ were irregi 43 she had 98·4°, P. In lower see examination I. Howev rphine, gr Delivery g dripped y in the poy complete of retrople ost-partur blood transemporarily	10/43 but pular and the disevere by 132, R. 2 gment. B. I on after adder, the concept intravenous elvis due to do by low for acental block hæmorrhansfusion was by she died a	pains were concere were low pogastric particles. The utility of the proceeded with an outlet of clot was age but the given but the process.	of poor qualing intervals and volume was to the patient department of the patient department which contraction, placenta was obtained. The patient's chough she is the patient of the pati	ity theres without miting. ense and t was not vix to be teriorated 0 c.cs. of per cent. appeared was persexpelled There was condition responded			

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Acute yellow atrophy	595	26	1	В	36		SB
of liver. Classical	Previo	ous history-	—Appendi	cectomy in	1941. No	other open	rations or
cæsarean	L.M.F	P., 28/5/42.	Patient	had been i	in good hea	lth till beg	inning of
section. Obstetric shock.	January graduall	when she i v weaker :	telt easily and lost	tired and unweight. To	nfit for hous oo weeks b	sework. Sh pefore admi	e became
	began to	o feel very t	thirsty and	l vomited.	Vomiting r	ecurred seve	eral times
	heartbu	rn. She ha	d been cor	There was nustipated an	d the week	before adm	ission the
	stools w	ere pale an fore admiss	${ m d}$ the urin	e dark gree	n. Jaundic	e was first	noticed a
	On ac	lmission, th	e patient v	vas of norm	al stature b	out thin, and	the skin
	trium.	The area of	f liver dull	was noted, lness was de	ecreased. $O$	bstetric acu	te vellow
	atrophy deterior	lpha of the li	lver was dav so cæe	diagnosed. esarean sect	The pati	ent's condi cided on as	tion had
	chance.	She had	been getti	ng Vitamin	K and cal	cium gluco	nate from
	3.45  p.n	n. under loc	eal anæsth	arean section esia. The property of the proper	oatient grad	ually weak	ened after
	P.M.	on and died exam.—Sub	at 4 a.m. endocardi	on $14/2/43$ al hæmorrh	3. ages left int	erventricul	ar septum
	Liver, 7 not obv	$80  \mathrm{gms.},  \mathrm{sh}$	runken an	nd golden ye	ellow in colo	our—norma	l mottling
	It is o	of note that	the patie	nt's sister d	ied two yea	rs before of	obststric
	had a si	atrophy of milar condi	tion.	that the pa	atient herse	li was conv	inced she
Pyelonephritis.	3755	28	1 -	A	33		SB.
	Previ	 ous history	chronic	cystitis fro	 om 1933—e:	 ncrusted cy	 stitis with
	non-hæi	molytic stre	${ m eptococcal}$	infection. lispensary fi			
	13/8/43	3 with mild	pyelitis.	She had pr	reviously be	en seen in	the Royal
	the kidr	ney. The in	fection cle	have wide ared up afte	er 3 weeks in	hospital. '	Thereafter
	She atte	ended the d dmission, I	ispensary $\Gamma. 97.8^{\circ}, I$	regularly ar P. 112, R.2	nd was read 0. General	lmitted on condition	11/10/43. was poor.
	Acctone	was noted	l in the b	preath. The B. 760 also p	e eyes were	sunken.	Abundant
	to impr	ove slowly.	On 15/	10/43 the r	membranes	were ruptu	red artifi-
	delivery	occurred a	after 5 ho	commence ours. Her g	eneral cond	ition was p	oor there-
	after.	Coramine	was given	8 hours a and she di	after delive	ry but the	patient's
	P.M.	exam.—Py	elonephrit	is.	001 011 10/ 10	, , 10.	
	(	3. C	OMPLIC	ATIONS	OF DELI	VERY.	
B,B.O	245	28	8	В	41	_	A
Retained placenta	Previ	ous history	no fever	s or operati	ons.	1	
P.P.H.	Obste 1939 ar	$\frac{1940.}{1940}$	y—7 pre liscarriage	vious <sup>†</sup> pregr s in 1933, 1	nancies. F $933$ and $194$	$rac{19}{42}$ .	933, 1936
	The 1	patient had	been in g	ood health	throughout	pregnancy	except for

	\								
Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.		
	slight anæmia. She had been under the care of a public health depart ment clinic. Labour started on 18/1/43 at 8 a.m. and the child was be spontaneously on 19/1/43 at 4.10 a.m. The placenta was retained at there was considerable blood loss. Morphine, gr. \(\frac{1}{4}\), and Pituitrin, \(\frac{1}{2}\) c. were given and the patient was brought into hospital.  On admission at 6.5 a.m. the patient was very collapsed (T. 96°, P. (S. R. 16)) and restless. The placenta appeared to be partly adherent. The electric blanket was applied. Blood transfusion was commenced at 6.3 a.m. At 6.30 a.m. the breathing was shallow and distressed and his general condition gradually became worse. The patient died at 6.57 a.m. P.M. exam.—Three small subendocardial hæmorrhages on intervet tricular septum and other two on the papillary muscles. Placenta inserted low on posterior wall and adherent over greater part of its surface separation having occurred only over a small area of lower uterine segment Placenta stripped easily from uterine wall. Gross dilatation of right kidney, pelvis-tissue pale.								
B.B.O. Retained placenta. P.P.H.	Previous Obste The particle and pale and removed patient of the particle and patient of the pati	bus history— tric history patient had delivery too as copious be described. T. described.	-nothing of the provided been in a control of the provided at	of note.  ous full-tim good health t 6.30 a.m.  ), R. 26 at 9 alse was us .m. and blo 10.45 a.m.	e spontaneo throughou The placer 9.30 a.m. Incountable.	ous births. t pregnancy nta was reta The patient The place	y. Spon- ained and was very enta was		
B.B.O. Retained placenta. Manual removal of placenta. Obstetric shock.	Previous and the Obster The I attended taneousl The patrollar on a collapsed admission manually was give 50 per centrollar taneousles of the patrollar of the p	pus history- patient was tric history health had the ante-n y at home a hient became Morphia hission, T. l. Blood p n. Her co y at 10 p.m en followed ent. glucose,	—puerpera 8 months 2 full-to been good atal clinicated to p.m. e shocked was given 98.6°, Polasma (546) and ition in At 11.4 by 700 c. and later blapsed ag	l fever following partial during partial during partial from 3/12 n. on 7/4/43 and the plants of the late of 20 partial from 5 p.m. the saline. He	owing birth ston Fever aneous birth regnancy a /42. The of B but the placenta was a little blood 20. The partient collection a.m. and discontinuat	in Februa Hospital. hs, 1936 and the patchild was be acenta was still retained loss had occitient was all and the secondary was apsed and of was not sativations.	ry, 1939, nd 1939. cient had orn spon- retained. d despite curred. pale and aline, on removed coramine and then isfactory		

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Retained placenta.	1722	31	7	В	39		A
Manual removal of placenta. Obstetric shock.	other illi	nesses of no	te.	_	neumonia i spontaneous		

Obstetric history—4 normal full-time spontaneous births—1931, 1932, 1934, and 1936. Two  $7\frac{1}{2}$  months' spontaneous labours, preceded by

hæmorrhage in 1937 and 1939.

The patient had been in good health till April, 1943, when she had a slight bleeding and was advised to come into hospital but refused admission. She had not attended her clinic from that time. There had been no further bleeding. Labour commenced at 9.30 a.m., 8/5/43, and she was visited by the outdoor resident at 11 a.m. The temperature and pulse were normal at that time. About 1 p.m., however, the pulse rate

and temperature began to tise.

On admission, T. 101·4°, P. 144, R. 20. At 2 p.m. the parient's general condition was fair. The labour pains were poor and irregular. Slight hydramnios was present and the cervix was 2 fingers dilated. did not commence properly till 10.15 p.m. and the child was born at 11.45 p.m. The placenta was retained and did not separate with pituitrin. The patient became shocked though she had not lost more than 8 or 10 ounces of blood. A light gas and oxygen anæsthetic was given and the placenta manually removed. The placenta was adherent at the fundus and lightly attached elsewhere. The anæsthetic was stopped but the patient became much more shocked and died a few minutes later.

Fiscal P.M.—Signs of shock. Uterus showed no sign of placental tissue.

Retained placenta. Obstetric shock.

Death under anæsthesia.

> 1941 42

Previous history—there were no serious illnesses or operations.

Obstetric history—details not obtained.

The patient had been in good health and had attended the welfare clinic on one occasion only. Premature labour commenced at 6.30 p.m. on 23/5/43. There was some bleeding noted when labour commenced. The district staff arrived at the house at 8.25 p.m. and immediately sent for the outdoor resident as the patient was shocked, T. 97°, P. 130, R. 25. She was seen by the resident at 9 p.m. and admission immediately arranged, but the child was born at 9.35 p.m. before the ambulance arrived.

On admission, T. 102·2°, P. 124. The patient was still a little shocked. The placenta had not been delivered. The placenta was expressed without anæsthesia at 11.10 p.m.—it showed evidence of low implantation. Next morning the patient became very pale and collapsed about 10 a.m. 600 c.cs. of whole blood and 400 c.cs. plasma were given, also coramine and oxygen. Six hours later her colour had improved but there was no

other sign of change. She died at 7.45 p.m.

P.M. exam.—The placenta had been situated low in the lower segment of the uterus. Signs of shock. Oedema of brain and lungs.

2612

Previous history—no fevers or operations.

Obstetric history—two full-time spontaneous deliveries in May, 1938, and August, 1939.

The patient had attended the Corporation ante-natal clinic on five occasions. She had been troubled with vomiting and sleeplessness during

Retained placenta. Post-partum

hæmorrhage. Obstetric shock.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child,			
	pregnancy. Labour commenced at 10.0 a.m. on 12/7/43, and she was admitted to hospital at 9.15 a.m. the following day.  On admission, T. 98°, P. 96, R. 20. The patient was obese and looked tired. Uterine contractions were of poor quality. Spontaneous delivery of a live child occurred at 10.55 p.m. The placenta and membranes were retained and a moderate amount of bleeding occurred, which was controlled by stimulating the fundus. Two hours later she became very restless and shocked. Blood plasma and dextrose were given and then morphine and pituitrin. The patient slept thereafter till 3 a.m. when she again became restless. Intravenous plasma did not improve her condition and she died at 4.40 a.m.  P.M. exam.—Subendocardial hæmorrhages. Lower portion of placenta separated. Uterus thin walled.									
Retained	2818	33	3	В	41	_	$\mathbf{A}$			
placenta. Shock.	Previous history—appendicectomy, 1935. Nothing else of note. Obstetric history—2½ months' abortion, June, 1940, following air-raids at Bristol. July, 1941, instrumental delivery—40 hours' labour. There had been heavy sickness in the later months of pregnancy.  Patient had been well during pregnancy but developed a frequency and dysuria shortly after admission. Her feet began to swell about the same time.  On admission, T. 97·2°, P. 120, R. 20. B.P. 106/50. There was no albuminuria. There was slight cedema of the feet and ankles. The patient appeared otherwise healthy. A catheter specimen of urine was free of pus and organisms. Light diet was prescribed. She remained in good health and on 7/8/43 the membranes were ruptured, but labour did not commence till 6 days later. Labour lasted 3¾ hours till the child was born. The placenta and membranes were retained and a moderate amount of hæmorrhage occurred but was controlled by pituitrin and light fundal massage. A blood transfusion was given and then plasma was run in and by midnight (eight hours after delivery) her condition was satisfactory. Pituitrin and morphine were given about 11 p.m. Plasma was continued and her condition improved in the late morning and at 4.45 p.m. under gas and oxygen anæsthesia the placenta was expressed. Her general condition thereafter was very poor and she only partly regained consciousness at 7.30 p.m. She lapsed into unconsciousness a few minutes later and gradually weakened and died at 11.0 p.m.									
B.B.O. Retained placenta. P.P.H. Shock.	Previous Obstermost-paregnan pregnan to the coborn.	bus history- tric history tum hæmon nents. The cy and had t but never onfinement Thereupon to	—nothing —eleven rrhage and patient b attended attended and an ho bhere was	of note. previous sylvented plad apparer an ante-nat again. A sylventer a severe ha	pontaneous blacenta with the enjoyed al clinic what the emorrhage.	births. The house the interest of the part	here was and 11th th during 4 months called out offant was controlled			

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child
	On ac was sem with a bleeding and the immedia run in, restless and she	ni-conscious. cold sweat. per vagina shock blan tely. She but the pa	The respondence of the responden	pirations we see was imphine, gr. $\frac{1}{4}$ , ed. A transith this she became Her condadmission.	ent was extere shallow calpable. To was given, sfusion with treatment more constition then	tremely sho and she wa here was ve the bed was a plasma wa and then k	s covered ery slight s elevated as started blood was ne wildly
B.B.O. Retained placenta and P.P.H. Hæmorrhagie shock.	Previous The public The public Labour for. The a post-public On a control of them, and then, and tired. In the public them of the control of	commenced e infant was artum hæm lmission, T. t of plasma was removed seemed before the even	—nothing been unde at 7 p.m. s born nextorrhage and part and half red manual etter nextored ing her context at the context of the context at	of note. or the care of on 27/8/43 t day at 5.3 nd was trans 60, R. 16. a pint of a pint of day, though the condition denote two ounces.	of her own as and the dispersed to her patient blood were ondition see the condition see the condition see the condition see by cathetes by cathetes by cathetes by cathetes.	strict staff for the birth nospital. was rather given, and med much still pale an She had no	she took shocked. then the improved d seemed ot passed
Twins. Post-partum hæmorrhage and retained placenta.	The p The dist at midn outdoor also diag On ac toxic lo delivery pituitrin ruptured There w severity plasma	bus history— atient had a rict staff wa ight on 30/ resident bro gnosed. Imission, T. oking. A n of the first was given d and the ras slight bl and before h	attended for scalled to 8/43. A cought the 98·4°, P. moderate child was and the other child teeding 40 peing contrivere admin	or ante-nate of her home breech present into 112, B.P. degree of control easily according thirty med was born and was born colled 2-3 pi	al care at a shortly after sentation was been been as a shortly after the plant of the plant of the plant of blood to all with the plant of the plant of blood to all with the plant of the plant of blood to all with the plant of blood to all with the plant of blood to all with the plant of the plant of blood to all with the plant of the plant	Corporation r labour con as diagnosed Twin pregners as slightly present. If an hour late second acenta was y. This indiverselost.	mmenced, and the ancy was ouffy and a manual ater $\frac{1}{2}$ c.c. I sac was retained. Ereased in Morphine.
B.B.O. Retained placenta. P.P.H.	Obste The p on 31/8, was diag 8.40 p.m and lost the patic	ous history— tric history atient had h /43 and the gnosed. A a.; 10 minu 2-3 pints of ent, who wa	-nothing dependence of the control o	of note. revious ful ce-natal care caff were ser ormal child ne patient s The district	l-time spone. Labour on t for at 5.1 was delived a thing resident was and was bategr. \(\frac{1}{4}\), and \(\frac{1}{4}\)	taneous de commenced 5 p.m. Hy red spontan rd-stage hæ is called out	liveries. at 1 a.m. dramnios leously at morrhage t and saw

							4
Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.

On admission, the patient was in much the same state as when first seen but for slight air hunger. A plasma transfusion was immediately commenced and the condition of the patient improved thereafter. An unsuccessful attempt to express the placenta was then made and her condition deteriorated. One pint of blood was then transfused but she died in the course of the transfusion.

P.M.—Not granted.

P.P.H. Retained placenta. 4012 | 31 | 9 | B | 40 | — | B.B.O.

Previous history—nothing of note.

Obstetric history—5 previous full-time spontaneous deliveries, 1930-1935; 1936, 6 months' spontaneous abortion; 1938, 6½ months' spontaneous premature birth with retained placenta which was manually removed; 1940, full-time spontaneous breech delivery followed by manual removal of retained placenta. After both the latter births a blood transfusion was administered.

L.M.P., 25/1/43. The patient had no ante-natal care whatever. She sent for the district staff when labour commenced and was delivered of a breech spontaneously at 12.40 p.m., and fifteen minutes later collapsed, after some bleeding. The bed was clevated and a rectal saline given. Morphine, gr. ¼, was given at 1.40 p.m. and the bleeding thereafter ceased.

She was then removed to hospital.

On admission, at 2.30 p.m., T. 98°, P. 130, R. 22. B.P. 90/70. She was slightly shocked on admission. There was a slight trickle of blood per vaginam. A plasma transfusion was immediately given and it took an hour to give a pint. Then a whole blood transfusion was given followed by 400 c.cs. of dextrose and another pint of plasma. The patient's general condition was slowly deteriorating despite these resuscitatory measures. ½ c.c. pituitrin was given at 7.30 p.m., and also morphine, gr. ¼. Coramine 1.7 c.c. was given later and then morphine, gr. ¼, at 11.30 p.m. The intravenous plasma was followed by 900 c.cs. dextrose, but the patient died at 4 a.m.

P.M. exam.—Partial separation of placenta. Signs of hæemorrhage.

B.B.O.
Retained placenta and Previous history—nothing of note.

Obstatric history—nil B.B.O.

Obstetric history—nil.

The patient was confined at home by her own doctor. The child was delivered at 2.40 a.m. There was a post-partum hæmorrhage following delivery and an attempt was made to remove the placenta manually under gas and oxygen anæsthesia, but was unsuccessful. The patient was shocked after this attempt and was kept at home for some time to recover from shock. In the afternoon she was transferred by air ambulance to the hospital.

On admission at 4.30 p.m., the patient was cold and collapsed and her pulse was rapid and very soft. There was only slight vaginal bleeding. 400 c.cs. of plasma and 500 c.cs. of blood were given shortly after admission. The condition of the patient improved. At 6 p.m. (one hour after transfusion started), T. 99.4, P. 108, R. 22. 1,000 c.cs. glucose saline were then given intravenously. The patient's improved condition was main-

B.B.O.
Retained
placenta and
third stage
hæmorrhage.
Failed attempt
to remove
placenta before
admission.
Manual removal
of placenta.
Shock.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
	anæsthe placenta its surf evacuate slowly d	sia to expr was manuace. A pe	ess the plually remore erineal teremoval of and she of	acenta, but oved. It w ar was sut	.m. an atter this was reas adheren tured and nta the constater.	iot successf t over two a labial h	ul, so the thirds of ematoma
Twins. B.B.O. Retained placenta. P.P-H. Shock.	Previous Obste The partum On ac suffering placenta attempt patient	bus history- tric history eatient had 4 a.m. and hæmorrhag dmission, T. g from seven did not a removal of did not res	nothing — nothing been under 4.15 a.m. ge. 97°, P. 1 re air hung ppear to be the place pond and	of note.  ous full-timer the care on 12/4/43  06, R. 20. ger. There oe separated	e spontaneo of her own 3. This was The patien was practical but the pod transfusi m. hock.	ous delivery doctor. T s followed t was acute ally no bleed atient was	by a post- ely ill and ding. The too ill to
B.B.O. Secondary P.P.H. Shock.	The print good 6 p.m. had son the next she was administed to hosp On a shocked were gibetter a became afterward.	ous history patient had health thron 6/8/43. The bleeding t day. The found to tered a pintial. dmission, I, the pulse wen and the cold and clean cold and cl	mothing been under coughout Jammy and some hor some hor some hor some hor some collapse of plasma. Some thread the conditions of the condi	of note. er the care pregnancy. Furs after exas further was reported and still in her own  2. 160, R. y. A further of another was d the pulse	of her own Delivery of pulsion of bleeding we have beeding. home and to be firmed bleeding. home and to be pure pint of placed but about a	doctor and occurred no placenta the ith expulsion. The following the second ay she seem at the control of the c	ormally at me patient on of clots owing day resident admitted pale and ne of blood much relater she
Hypertensive toxæmia. Part. plac. prævia. L.U.S. cæsarean section. Death under anæsthesia.	Previous Pre	ous history etric history eatient had mess in the on she had eyes for a wadmission, Oedema of an attempanes but a parean section was rt of operat	—no fever —nil. been under early mon swollen legrek before T. 98°, P. I the legs pt was manual place artial place ion was der uneventfution just a	r the care of this of pregress and head admission.  90, R. 20.  was marked ade to induce the prævia termined or ill but the	f her own dancy, and faches. The B.P. 145/1 l. On accorde labour was felt. In A spinal patient died eath was be	octor from for 2 or 3 we be were spound of the lawith punction view of the anæsthetic fifteen min	July. She eks before ts in front inuria was high blood ure of the e patient's was given.

Nature of Case.	Reg. No.	Age	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.		
Hypertensive toxæmia.	1228	30.	2	В	40		SV		
Surgical induction of labour.	Obste	Previous history—nothing of note.  Obstetric history—1 previous pregnancy terminating in a 6½ months miscarriage. Pregnancy complicated by excessive sickness.							

Spontaneous delivery.

Retained placenta.

Obstetric shock.

Hypertensive toxemia.
Surg. ind.
A.R.M.
Low forceps delivery.
Cardiac failure.
Death under anæsthesia.

Previous section.
C.P. D.C. 4 in.
L.U.S.
Cæsarean
section.
Obstetric shock.

The patient had been in good health till 2 weeks before admission when she developed severe headaches and swelling of the ankles. There

was no visual upset though there had been epistaxis on several occasions.

On admission, 1/4/43, T.  $98.6^{\circ}$ , P. 86, R. 20. B.P. 150/90. The patient was of good height and colour. There was marked ædema of the ankles. The patient was very anæmic—hæmoglobin 35 per cent. She was treated with anahæmin, ferri et ammon. cit., and diurctics and the electric blanket for the H.B.P. On 17/4/43500 c.cs. stored blood was transfused but the blood pressure was still 140/90, with albuminuria varying from a trace to  $1\frac{1}{4}$  parts Esbach. Labour commenced at 9 a.m. on 23/4/43 following induction of labour by puncture of the membranes on 21/4/43 (there was no fætal heart). Delivery was completed spontaneously at 12.5 p.m. The patient was very collapsed after delivery and was comatose though there was no undue bleeding. She developed air hunger and became pulseless. She was given a blood transfusion and improved considerably. The placenta was expelled and about  $\frac{1}{2}$  hour later the patient became dyspnæic, extremely restless and collapsed and died within 5 minutes.

No P.M. exam.

2469 | 31 | 1 | B | 38 | — | A

Previous history—the patient had scarlet fever at 22 years but no

other fevers or operations.

The patient had been under the care of her own doctor, who sent her to the out-patient clinic on 2/7/43, as she was suffering from gross ædema and high blood pressure. She was well apparently till two weeks before. There had been no headaches or visual disturbances. Admission was

immediately arranged.

On admission, T. 97°, P. 90, R. 20. B.P. 148/98. The patient was pale but had a marked malar flush. The lower limbs and abdomen were markedly edematous. Albuminuria was present. Fluid diet was given but the blood pressure rose and was 164/108 on 4/7/43 (two days after admission). There were 8 parts albumen present in the urine. The membranes were artificially ruptured, by catheter, next day, and labour commenced 27 hours later. The blood pressure was 160/104 at that time After 13½ hours' labour the patient became comatose and as the head could be seen on parting the labia, chloroform anæsthesia was commenced but the patient collapsed during the induction phase. The forceps were immediately applied and delivery completed, while coramine was given intravenously. Resuscitatory measures failed however, and the patient died before delivery was completed. Delivery was then completed.

P.M. exam.—Fiscal post-mortem. Signs of pre-eclamptic toxemia.

and cardiac failure.

306 | 39 | 2 | A | 38 | — | A

Previous history—no fevers or operations.

Obstetric history—previous L.U.S. cæsarean section in April, 1941,

because of delayed labour and contracted pelvis.

The patient had first attended O.P.D. on 29/9/42. On 27/10/42 there was high blood pressure which settled with rest. The patient first admitted

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.			
	on 20/12/42 because of slight vaginal bleeding. No cause for bleeding was found and as no bleeding had recurred patient was allowed home on 29/12/42. On 12/1/43 the patient reported at the dispensary complaining of sickness, but this ceased after treatment and advice, without admission. Admission arranged on 23/1/43 as the patient had been troubled with bronchitis throughout pregnancy.  On admission, T. 97°, P. 116, R. 20. The patient was not in labour. She was a thin, rather exhausted looking woman but seemed otherwise healthy. There was anterior bowing of the tibiæ. B.P. 140/90, urine free of albumen, blood, sugar and acetone. On 28/1/43, at 1 a.m., labour pains commenced (T. 97°, P. 96, R. 20). The pains were not severe. At 6 a.m. the patient was delivered by a lower uterine segment cæsarean section under chloroform anæsthesia as a spinal anæsthetic had failed to act (planocaine used). The lower uterine segment was thick and bled a bit before delivery of the child. The patient was sterilised and the abdomen closed. The patient was in rather poor condition at the end of operation, but recovered after rectal salines. The pulse was still rapid but of good quality. At 10.35 a.m. the patient collapsed and coramine was given and an intravenous apparatus set up but the patient died at 10.50 a.m. before much glucose saline had been given.  P.M. exam.—Not granted. No free blood in abdomen P.M.									
Dystocia. Forceps delivery. Obstetric shock.	menstru clinic re swelling On ac nervous suffering was giv hour af pelvis v moderat running Morphin	ous history- pation, from gularly from of the feet lmission, 6/ woman. I g from back en each da terwards do vith the oct te traction. There w	The pate the age of 4/1/43, a in the last 6/43, T. 9 No ædematche. Lay. On 9/elivery was eight to the pulse a gradumine were	ient suffere f 13 years. Ind had been few weeks. 7°, P. 80, R. was noted bour progre 6/43 intravas complete the left. I lse was pour des given but	42   d from epile   She had at   in good hea   . 20. She was   seed slowly   enous gluce   d. The hea   Delivery was   or after del   ation in the	epsy, associated the alth but for as a small, a in early lathereafter. Use was given ad was lyings accomplisivery and a patient's	ante-natal occasional thin, pale, abour and Morphine en and an ang in mid shed with continued condition.			
Complete miscarriage. Obstetric shock.	Previous Obstetaneous Her had on 9/6/On advery shall a.m. (8½	35  ous history- tric history- tric history- births ther health had 43 and ther lmission, T. locked whe s. citrated igor, so tran quality and	mothing —3-12 ab reafter in been good a started key 96°, P. 82 on seen belood were asfusion wal at the sachine were success, be radmission	of note. ortion, 1930, 1931, 1932, 1931, 1932, 1	18   0, and 5 nd   1933, 1938   t pregnancy   11/6/43.   ne patient we   loor resident   but patient be   Following endeavour   me unconsc	ormal full-t and 1941. y till the p as pale but at before a nt develope this the pul ecame wildl to soothe he	ime spon- atient fell had been admission. ed a very se became y restless. er and had			

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
R.O.P. Dystocia.	2744	26	1	В	43		SB
Intra-uterine death.	Previo operatio	ous history- ons.	-appendic	cectomy at	age of 20	years. No	fevers of

death. operations
Craniotomy. The par

The patient had been under the care of her own doctor. Labour commenced at noon on 21/7/43. The pains were poor and on 23/7/43 the membranes were punctured by her own doctor. Pains then came every 10 minutes for some hours.

On admission, 23/7/43, T. 98°, P. 108, R. 20. Patient seemed tired and exhausted. There was no apparent deformity. I.V. glucose given on 23rd, 24th and 25th July, 1943. Cervix dilated slowly and it was fully dilated by evening of 25/7/43. Fætal heart was inaudible on the morning of 25/7/43, so the fætal head was perforated under gas, oxygen, chloroform and ether anæsthesia. The patient, who had taken what seemed to be an ether convulsion during induction, became collapsed and died during the course of delivery.

P.M. exam.—Fiscal P.M. No examination made.

Dystocia. L.O.P. Forceps. Obstetric shock.

Death under

anæsthesia.

3572 | 24 | 1 | A | 40 | — | A

Previous history—right ovary and appendix removed in March, 1942. The patient enjoyed good health during pregnancy. She attended the

out-patient clinic on 10 occasions from June, 1943.

On admission, T. 97·4°, P. 88, R. 20. She was well nourished and was early in labour. Labour was slow and the pains were of poor quality. However, at 2 p.m. on 29/9/43, examination under chloroform anæsthesia revealed the head in the L.O.P. position and there was still a rim of cervix. Two hours later the cervix was fully dilated and the head partially rotated to the antero posterior position. The head was manually rotated under anæsthesia to bring the occiput anteriorly and the forceps were applied and delivery completed. The child gasped and cried at once. The mother was in good condition. On 30/9/43 at 9 a.m. the patient had some vomiting in the early morning and her general condition was not good. She was encouraged to drink but by the evening was no better, so 800 c.cs. of 5 per cent. glucose was given intravenously but her condition slowly deteriorated despite coramine and strychnine and she died at 12.55 a.m. on 1/10/43. P.M.—Not granted.

entral placenta prævia.

512 | 30 | 2 | B | 37 | — | SB | Previous history—nothing of note.

Obstetric history—1938, normal full-time spontaneous delivery. Child was alive and well.

During this pregnancy the patient's health had been good but at noon the day before admission there was profuse painless bleeding, which continued till the time of admission.

On admission, T.97°, P. 106, R. 20. The patient was severely shocked and pale. The pulse was of very poor quality and the patient was almost in extremis. An attempt had been made to pack the vagina before admission but the packing had been ineffective and had come out. On admission at 9 a.m.  $2\frac{1}{2}$  pints of blood were transfused, also 1 pint of saline. An internal version was then done and the bleeding controlled. The placenta was central. At 12.30 p.m. another pint of blood was given, followed by a pint of glucose saline at 1.30 a.m. The child was born with manual assistance at 2 p.m. and the placenta followed at once. The patient then seemed to improve but had a persistent air hunger. At 8 p.m. her condition started to deteriorate and she died at 10.35 p.m. despite strychnine and coramine. No P.M. exam.

Central
placenta
prævia.
Int. version.
Manual breech.
Three blood
transfusions.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Low set placenta.	1287	39	9	A	42		
Cardiac failure.	Previo	ous history	-nothing	of note.	•		•

Obstetric history—8 previous full-time spontaneous deliveries from 1928-1939. Ante-partum hæmorrhage with 7th pregnancy in August, 1937.

The patient had been attending the hospital clinic since late February. Her health had been moderate only till she had carious teeth removed in November, 1942. Thereafter her health had improved though she was troubled with occasional visual upset. There had been no actual headache. She had pains in her back shortly before admission and slight vaginal hæmorrhage commenced at 7.15 a.m. on 6/4/43. She sent for district

staff. She was admitted to hospital at 11 a.m.

On admission, T. 97°, P. 90, R. 20. The patient looked well and in good health. No ædema was noted, though marked varicosities of the legs were present. No placenta was felt per vaginam and the membranes were punctured at 8.40 p.m. on 6/4/43. On 7/4/43 small clots were passed at 7 p.m., so morphine, gr. $\frac{1}{4}$ , given. Her condition was satisfactory next day but on 9/4/43 at 2.25 p.m. the patient suddeenly collapsed and became very cyanosed and respirations were laboured. Coramine and oxygen were administered, but with no effect, and she died at 2.35 p.m.

P.M. exam.—No abnormality of lungs or heart noted. Low set placenta.

1990 | 33 | 2 | A | 37 | — | D & SB
Previous history—The patient had diphtheria at 18 years but nothing 2090

else of note.

Obstetric history—1936, full-time instrumental delivery of a live child

after a supposed 5 days' labour.

There had been slight nausea and vomiting during pregnancy but had been good otherwise. The patient had attended the ante-natal clinic from 14/1/43 and was admitted on 21/4/43 for observation for bleeding. No placenta was felt and no staining occurred during 10 days in hospital. She was dismissed and continued to attend the dispensary. Twins were diagnosed and confirmed by X-ray examination. On 4/6/43 she had further staining and was readmitted to the ante-natal wards.

On admission, T. 97·4°, P. 92, R. 20. Patient was a little pale but health otherwise well. There was staining for a further two weeks, but no vaginal examination was made. The staining stopped for a week and then on 25/6/43 there was a sudden and very severe hæmorrhage and the patient became very shocked. Transfusion was commenced and she was removed to theatre where a classical caesarcan section was performed. Two pints of blood and 1 pint of plasma were given and also 400 c.cs. of 20 per cent. dextrosc. The patient rallied with this treatment but developed acute pulmonary cedema and died two hours after operation.

P.M. exam.—Not granted.

3842

Previous history—nothing of note.

Obstetric history—6 previous normal full-time spontaneous deliveries,

1927-1940. 9 weeks' spontaneous abortion, 1942.

The patient was under the care of her own doctor and was in good health till 4/10/43 when she had some vaginal bleeding. There was no pain at that time. There was slight staining for a week and again bleeding on 15/10/43. Her doctor examined her that night and sent her by air ambulance next day.

Central placenta prævia. Classical cæsarean section.

Twins. Pulmonary ædema.

Central placenta prævia. Secondary post-partum hæmorrhage.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
	was larger a central There was the blood was rate on two 21/10/4 1,000 c. vaginal by a larger was about the blood was about th	ge but ther al placenta was a twin lower one was transfus her profuse occasions (2.3, at 12.50 cs. plasma examination ge organised ut the size of all placents.	re was no prævia. pregnancy was very a ed and the and cont $20/10/43$ ) a.m., the were transon revealed and flesh of a fist, was e died two	4, R. 26. To tenderness. Classical care. The upper dependent in the patient second in the patient construction of	Vaginal eesarean se per placenta the lower seemed well. so. She wad passed a llapsed and the patient ee of placer in the cervout the patient	examination ction was part was easily egment. On Next day was given en large blood passed fur improved antal tissue six. This ment's general	revealed berformed. removed ne pint of the lochia gometrine clot. On ther clots. little. A urrounded ass, which I condition
C.P. Dystocia. Ruptured uterus. Hystereetomy. Obstetric shock.	Obster The pains st 12/2/43 removed head free On a 2-3 min 4½ in., to At 6.50 blood, The ute the tear perform was rungiven in 10 p.m. rallied 13/2/43 P.M. on old 1	patient's he carted at 6 arted at 6 arted at 6 arted at 6 arted at 6 arted to hospitate at the brownian at a few p.m. laparete had rup a extened received with different abdoratravenously with a gentlemporarily a exam.—He	—nothing —9 previous the had p.m. on 1 prict staff at 4.50 im, with 6 properties at 4.50 p.m. e above the ratomy are all and produced the produced t	ious full-time been good 1/2/43 and 1/2/43 and was called in p.m. because disproportion P. 98, R. 2 vaginal exame brim, so note the abdot lacentally in the left round cause of rage was then controversed in the left round was the controversed in the left round was the controversed in the left round was the controversed in the left round was the controversed in the left round was the controversed in the left round was the controversed in the left round was the controversed was the controversed was the left round was the le	ne spontane throughout became street at 12.5 per second throughout throughout the second second throughout the second tened and second throughout the second tened and second throughout the second tened and second tened and second throughout the second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened and second tened	pregnancy onger at 9.3 m. The particle of the I ction was dound to come abdomin segment in the tear. A c.cs. of dexpramine was but the padied at 3.2 devalve sup	Labour 30 a.m. on atient was, with the ring every 0.C. to be ecided on. Intain free all cavity. front and tomy was Acriflavine trose were siven at tient only 7 a.m. on erimposed
Anencephalic monster. Breech. Tear of L.U.S. and cervix.	Obstee On 3 labour. shocked On a pale. I birth of placent and die P.M. broad li segmen	ous history etric history /4/43 at 6.3 A foot brod l and was a dmission, The uterus an anence a was expell d half an hexam.—Ex- igament and t were torn	7—6 previous forms the pught down the down tense phalic more led at the shour later. Attensive so I between vertically	of note. ous normal e district sta n at 11.20 p o hospital a 2. 96, R. 20 . No fœtal nster occurr same time.	ff were called.m., but late to 3.30 a.m	regnancies. ed to the caser the paties on 4/4/43. ent was shoted. Sp.m. on 4/4 collapsed a specific and low for about 3	ocked and contaneous 4/43. The t 2.50 p.m. terus into ver uterine 5''-4''. The

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Shoulder presentation.	1625	35	2	В	36	S	SB
Decapitation.	Previ	ous history	the pati	ent had di	ptheria at	age of 16	years but

Previous history—the patient had diptheria at age of 16 years but with no complications. Appendicectomy was performed at 18 years of age. Obstetric history—July, 1941,  $6\frac{1}{2}$  months' miscarriage. Health had

been good during pregnancy.

The patient had been attending her own doctor in November, 1942 and later attended a Corporation clinic on 8 occasions. Her health had been good till a week before labour when her face and ankles became a little swollen. Labour commenced at 1 a.m. on 30/4/43 and the pains became stronger at 11 a.m. The membranes ruptured at 5.15 p.m. and half an hour later a moderately profuse vaginal hæmorrhage was noted.

half an hour later a moderately profuse vaginal hæmorrhage was noted.

On admission, T. 97·2°, P. 90, R. 20. The patient looked well. The uterus was tense and was tender at the fundus on the right side. There had been no pains since the membranes ruptured. Labour pains were very poor after admission and vaginal examination on 2/5/43 showed the os to be 3 fingers dilated and the presentation either a breech or shoulder. On 4/5/43, at 1.20 a.m., the cervix was found to be fully dilated and the presentation to be a shoulder. Delivery was completed then with decapitation of the child. The placenta was found to be separated by a blood clot. T. 105·6, P. 144, R. 28. Next day the temperature had settled but it rose on the following day to 102·4 and did not fall for 24 hours. M. and B. 693 was given at this time. The patient complained of pain in the left side of the chest. The temperature now was intermittent, and on 10/5/43 it rose to 105·4, P. 160. The patient had persistent hiccoughs. The lochia was scanty so vaginal douches and glycerine tampons were given but the patient died on 15/5/43.

P.M. exam.—Rupture of lower uterine segment. Pelvic abscess.

1944 | 29 | 6 | B | 40 | — | A

Previous history.—There were no serious illnesses of note.

Obstetric history.—The patient had 4 normal full-time pregnancies and one abortion.

The patient had been in good health during pregnancy and had attended a Corporation clinic on 7 occasions. She went into labour at her own home and the district staff were called in at 9.25 p.m. The outdoor resident visited the case about 3 hours later and diagnosed a footling presentation. The cervix was then 3 fingers dilated. She was immediately

brought into hospital and was admitted at 1.30 a.m.

On admission, T. 98°, P. 80. The patient appeared healthy. The labour pains were of moderate strength and occurring every 5-6 minutes. Rapid delivery occurred spontaneously at 2.25 a.m. Bleeding started immediately and the placenta was delivered before the cord was ligatured. The fundus was massaged and ergometrine given, but though the uterus became hard, bleeding continued. Bleeding stopped after Omnopon, gr.  $\frac{1}{3}$ , at 2.45 a.m. Under general anæsthesia it was found that the cervix was lacerated and it was therefore repaired at 4 a.m. The patient was shocked so a blood transfusion was given with improvement in the patient's general condition. Intravenous saline was given and she seemed well, but at 5.30 she became very restless and anxious. Some bleeding was noted per vaginam, so ergometrine and ergotrate were given and a transfusion of plasma started but the patient died at 6.15 a.m.

P.M. exam.—Signs of shock. Incomplete rupture of uterus in lower

segment. Hæmorrhagic extravasation in broad ligament.

Post-partum
hæmorrhage
from cervical
lacerations.
Obstetric shock.
Partial rupture
of uterus.

Rupture of

uterus.

Pelvic abscess.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Previous cæsarean	2534	36	2	A	40		SB

section. Rupture of uterus.

Previous history—nothing of note.

Obstetric history—November, 1936, full-time pregnancy. Health poor and accompanied by excessive sickness and ædema of the legs. Delivery by cæsarean section.

The patient had attended the ante-natal clinic regularly from 6/1/43, 11

visits having been made.

On admission, T. 97°, P. 88, R. 20. She was well looking. There was slight ædema of the ankles. B.P. 112/86. D.C.  $4\frac{1}{2}$  ins. It was decided to let the patient go into labour. On 11/7/43 at 5 a.m. the membranes ruptured spontaneously but no contractions were noted despite careful observation. At 5 p.m. the patient complained of pains but no contractions were felt. About 8 p.m. the patient took an "hysterical turn" and complained of severe pain, which soon passed off. At 9 p.m. she collapsed and was very pale and shocked. Vigorous shock treatment was commenced and an intravenous drip of glucose saline and then blood and plasma was given. The abdomen was opened at 10.50 p.m. and found to be completely filled with blood. The infant and placenta were also in the abdominal cavity. The edges of the ruptured scar were clean so were sutured. The blood and plasma were still being administered when the patient died at 1.45 a.m. on 12/7/43. In all, 1,400 c.cs. of glucose saline, 1,200 c.cs. of blood and 1,800 c.cs. plasma were administered.

P.M. exam.—Not granted.

B • | 2595 30

Previous history—the patient had had rheumatic fever, scarlet fever,

and pneumonia in childhood.

Obstetric history—there were 5 previous spontaneous births. Patient had been in good health throughout pregnancy and had been attending a Corporation clinic. Labour commenced at 7 a.m. on 11/7/43. Patient was examined and the cervical os was found to be 3-4 fingers dilated at 11 a.m. At 8 p.m. the head seemed to have descended but cervical dilatation was only half. On 12/7/43 at 1.35 a.m., small rim of cervix was still present and strong pains were noted. The patient was exhausted. An ambulance was summoned, but while waiting the pains became stronger and then suddenly ceased and patient became collapsed.

On admission, patient was "in extremis" and died 10 minutes after

admission.

P.M. exam. Not granted. Vaginal examination showed a hydrocephalus and rupture of the uterus into the left broad ligament.

SB 3704 41

Previous history—not obtained.

Obstetric history—not obtained but relatives subsequently stated that previous pregnancies were normal. Labour started at 11 p.m. on A breech delivery occurred as far as the shoulders but all attempts to deliver the after-coming head were unsuccessful. patient was then sent into hospital

The patient was pale and collapsed. The pulse was almost imperceptible. Light chloroform anæsthesia was given while plasma and intravenous glucose were administered. Shortly afterwards full gas and ether anæsthesia was given and the head, which was hydrocephalic, was perforated. On examination after delivery it was found that the uterus was torn transversely.

P.M. exam.—Fiscal P.M.—Complete transverse rupture of uterus

anteriorly in lower segment.

Hydrocephalus. Dystocia. Rupture of uterus.

Hydrocephalus. Partial delivery before admission. Rupture of

uterus.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Transverse lie. Surgical	4149	30	4	В	39	S	D
induction.	Previo	ous history-	-nothing	of note.	•	•	

Previous history—nothing of note.

Obstetric history—May, 1939, 7-12 premature still-birth following forceps delivery. April, 1940, normal full-time spontaneous still-birth after short labour. June, 1941, 8-12 premature live child delivered spontaneously.

The patient had been under the care of her own doctor from March, 1943. She first attended the out-patient clinic on 14/9/43, when a breech presentation was noted. Two weeks later the child was lying transversely. A month later external version from a breech to vertex was performed without anæsthesia. On 2/11/43 the fœtus was again lying transversely. She was admitted one week later.

On admission, T. 97.4°, P. 88, R. 20. The patient was in good health. The fœtus was lying transversely. Shortly after admission the presentation was found to have undergone spontaneous rectification. This was confirmed next morning by X-ray, and the membranes were punctured. There was a tendency for the feetus to swing back to the transverse, so pads and binders were applied. The following day labour commenced at 3.45 a.m. but the lie became transverse later. At 11 a.m. an internal version was performed, and as the cervix was fully dilated delivery was completed as a breech. Forceps were applied to the after-coming head. The placenta was removed manually. The uterus was thought to be septate. At 4.15 a.m. the next day she had 3 seizures during which she went pale and rigid and the teeth were clenched, but consciousness was There was moderate generalised abdominal tenderness but no free fluid was detected. 16 hours later 800 c.cs. 20 per cent. glucose were given intravenously by the drip method and one ampoule of M. and B. 693 was given intramuscularly. M. and B. 693 was given 4-hourly thereafter. Her general condition deteriorated and her pulse rate rose steadily. Her temperature, which had been 102° the day after delivery, remained normal till a few hours before death on 16/11/43, when it rose to 100. The pulse rate then was uncountable and over 160.

P.M. exam.—Rupture of uterus. Generalised peritonitis.

2057 41 of vulva.

The patient had been in labour from 6 a.m. on 1/6/43. Progress seemed normal and she was visited by a doctor at 10 p.m. Vaginal examination at that time showed that there was a  $\frac{1}{2}$  in. rim of cervix still present. The doctor was summoned the following morning and he found a large

hæmatoma of the vulva. The patient was immediately sent to hospital. On admission, T. 97°, P. 144, R. 24. The patient looked ill and shocked. The bladder was grossly distended and there was a large hæmatoma involving the right labium and spreading upwards to the mons veneris. The hæmatoma was occluding the vagina and hiding the vulvar parts. The hæmatoma measured approximately 9 ins. by 5 ins. and the labium was elevated 4 ins. to 5 ins. above the normal. Shock treatment was instituted and it was decided that the bladder should be emptied under anæsthesia, and possibly the hæmatoma evacuated. A light anæsthetic was given with nitrous oxide, trilene and ether, but while still being induced the patient died after 10 minutes of anæsthesia.

P.M. exam.—Fiscal post-mortem.—Signs of shock. The source of . bleeding in the labium was not able to be located. Over a pound of blood clot was evacuated.

Hæmatoma Shock. Death under anæsthesia.

A.R.M.

General

Internal version. Manual breech

delivery.

Rupture of

uterus.

peritonitis.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Hypertensive toxæmia.	4087	22	1	A	40	P	SB
Surg. ind.	Previ	ous history-	nothing	of rote			t

Previous history—nothing of rote.

The patient had attended the ante-natal clinic on all occasions from 1/7/43. She had enjoyed good health till September when her blood pressure rose, and she developed ædema. On 4/11/43 the blood pressure was found to be 160/84, so she was admitted to the ante-natal wards.

On admission, T. 99·2°, P. 120, R. 20. B.P. 154/95. There was a little dema of the lower limbs. Light diet and copious fluids were ædema of the lower limbs. administered. On 6/11/43 the blood pressure was 142/105 and there was slight albuminuria. On 8/11/43 the blood pressure had risen to 160/110 and Esbach,  $\frac{1}{4}$ . It was decided to terminate pregnancy, so next day, under gas and oxygen anæsthesia, the membrances were punctured. Two hours after this she developed what seemed to be a pulmonary collapse; 12 hours later she went into labour. The feetal head was showing but not advancing wth pains for over an hour. In view of her respiratory condition low forceps delivery was performed under local anæsthesia but the child did not breathe. Her condition after delivery was poor and she became cyanosed. Continuous oxygen therapy was thereupon instituted and her colour improved. The pulse was of good quality throughout. Next day she showed signs of broncho-pneumonia and her respiratory rate increased to 44. M. and B. 693 was administered. There was some ædema of the lungs apparent. Atropine, gr. 1/100. given 4-hourly. 20 per cent. intravenous glucose was given also in an endeavour to absorb some moisture from the chest. However, her condition slowly deteriorated and she died the following day.

P.M. exam.—Not granted.

2054 | 19 | 1 | A | 42 | S | SB

Previous history—nothing of note.

The patient had enjoyed good health during the pregnancy and had attended the ante-natal clinic on three occasions from 16/3/43. She did not report regularly. On 1/6/43 it was noted that she had a vaginal discharge and vulvar warts. She was therefore admitted to the Isolation wards.

On admission, T. 98.4°, P. 120, R. 20. Her general condition was good and there were numerous vulvar condylomata. Urethral and vaginal cultures and smears were negatile for the gonococcus. Lactic acid dressings were applied to the vulva and the condylomata cleared up partially. On 16/6/43 the membranes were punctured and labour commenced 36 hours later. Labour progressed slowly and the cervix seemed very rigid. The feetus died about 5 a.m. on 19/6/43. The following afternoon the cervix was only  $\frac{3}{4}$  dilated so the head was perforated. By next evening the cervix was fully dilated so delivery was completed with the aid of fundal pressure, traction with a blunt hook, and cleidotomy. Intravenous glucose, 10 per cent., was given on 20/6/43 and 21/6/43. Morphine, gr.  $\frac{1}{4}$ , was given following the intravenous glucose on the morning of 21/6/43. Following delivery the patient's general condition was fairly good, but half an hour later it deteriorated and marked air liunger was present. Coramine was given with a temporary success but the condition again deteriorated and despite more coramine she died at 10.15 p.m. 3 hours after delivery.

P.M. exam.—Large number of subendocardial hæmorrhages; 1 pint of pus in pelvis; cervix lacerated on left side but tear did not extend into lower uterine segment. Cervix extremely hard and difficult to cut with knife. Cavity filled with sloughing malodorous material and much blood clot.

Dystocia—
rigid cervix.
Obstetric shock.
Intrauterine
sepsis and
pelvic
peritonitis.

A.R.M. Pulmonary

collapse. Broncho-

pneumonia.

## COMPLICATIONS OF PUERPERIUM.

Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Hypertensive toxæmia.	4504	· 34	2	В	37	P	SB
Pyæmia.	Previo	ous history-	_nothing	of note.	•	,	,

Obstetric history—1931, normal full-time spontaneous delivery.

The patient had had no ante-natal care till a few days before admission. No symptoms were present except edema of the ankles which was present from the sixth month.

On admission, T. 97°, P. 104, R. 20. B.P. 120/94. Alb. — Admitted on recommendation of general practitioner. There was cedema of the ankles. On 27/12/43 B.P. 174/100. She was very "jumpy" and restless, and appeared confused. On 31/12/42 bougies were inserted after a vaginal douche and the vagina packed. On 1/1/43 the vaginal packing was removed and the vagina douched and repacked. On 2/1/43 labour commenced at 1 a.m. The membranes ruptured at 2.15 a.m. A macerated infant was delivered spontaneously at 2.40 a.m. The placenta was expelled 15 minutes later. The placenta was thin and small and showed numerous infarcts. On 3/1/43 the patient was confused and had been since delivery. On 4/1/43, B.P. 150/102, T. 100·6°, P. 144. The temperature and pulse remained elevated till death. On 8/1/43 right leg was swollen and tense, there was tenderness just above the calf. On 11/1/43 she became unconscious and died.

P.M. exam.—Lungs—consolidation both bases with few scattered Bilateral purulent pleurisy. Liver—eclamptic mottling. Spleen—soft, few abscesses. Kidneys—small pyæmic abscesses. No obvious sepsis in uterine cavity—involution poor.

Abortion. Manual removal of placenta. Puerperal sepsis. Urinary suppression. Septic endometritis and embolic

nephritis.

200	23	3	В	26	S	
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Previous history—no fevers or operations.
Obstetric history—7 months' miscarriage in April, 1942.

The patient had been under the care of her own doctor from September, 1942 (L.M.P. July 15th). She first attended her doctor because of bleeding and was in Stobhill Hospital for some days thereafter. She again had bleeding at 4 months but was treated at home. The patient was admitted on 4/1/43 because of two weeks' bleeding. She was in the hospital for 8 days but had only very slight staining for 2 days. Bleeding had recurred shortly after dismissal and she had been in bed till readmission on 15/1/43.

On admission, T. 97.4°, P. 80, R. 20. The patient's general condition was very good and there was only slight staining. Staining continued till the evening of 19/1/43 when bleeding began. Vaginal examination at 7 p.m. showed the cervical os 2 fingers dilated and a lateral placenta prævia present. The patient had very poor labour pains at this time but they became more severe with pituitrin at 7.30 p.m. Morphine was given at 3 a.m. The pains did not cease but were of poor quality thereafter. The labour seemed to progress and there was only slight blecding. On 20/1/43 at 7.25 p.m. the patient was again examined and the cervical os found to be 4 fingers dilated and the infant presenting by the breech. There was a large piece of placenta lying loose in the vagina. The piece of placenta was removed and a foot brought down and a weight attached to it. Pituitrin was again given but the response was poor. The patient's

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
	1						

general condition was deteriorating, T.  $100 \cdot 4^{\circ}$ , P. 104. Vaginal examination showed that the cervix was only  $\frac{3}{4}$  dilated but that the child's head was arrested there. The odour from the vagina was feeted. The child's head was perforated with scissors and easily withdrawn. The placenta was adherent and was removed with difficulty. 20 c.cs. Soluseptasine were given intramuscularly and then M. and B. 693 thereafter orally. The patient thereafter had an intermittent temperature and was given 300 c.cs. of whole blood on 22/1/43 and 23/1/43. Her condition steadily deteriorated—on 26/1/43 urinary secretion ceased. Despite sucrose and sodium citrate she did not secrete urine and died on 29/1/43 at 3 a.m.

P.M. exam.—Septic endometritis—embolic nephritis.

F.F.O.
Forceps delivery.
Chloroform
poisoning and
acute sepsis.

1370 | 38 | 1 | B | 40 | S | A

Previous history—no fevers or operations.

The patient had been in good health during her pregnancy though she had only been seen by a doctor on one occasion two weeks before labour commenced. Labour commenced on 9/4/43 and progressed slowly. An unsuccessful attempt to deliver by forceps was made on 11/4/43.

She was then sent to hospital.

On admission at 12.15 a.m., T. 99·8°, P. 100, R. 36. B.P. 205/120. The patient seemed fairly well. 600 c.cs. glucose was given intravenously at 12.30 p.m. Mid forceps delivery with chloroform anæsthesia was performed at 3.25 p.m. On 13/4/43 the patient was faintly jaundiced which deepened in colour next day. Intravenous glucose and intramuscular calcium and Vitamin B I were given. Next day she was gravely ill, the lochia was foul and she had a temperature of 101·4°. The condition of the patient gradually deterlorated despite intravenous glucose and M. and B. 693 and she died at 5 a.m. on 19/4/43.

No P.M. exam.

Disproportion. L.U.S. section. Peritonitis.

3074 30 1 A 41 S A

Previous history—nothing of note.

The patient had attended the ante-natal clinic in the last two months. She was admitted to hospital on 17/8/43 on account of high blood pressure

and hydramnios.

On admission, T. 97·2°, P. 68, R. 20, B.P. 148/105. The abdomen was very large but otherwise the patient was well. The membranes were punctured artificially on 21/8/43 and 106 ozs. liquor drained off. Labour commenced on 28/4/43 at 1 a.m. and continued slowly for 34 hours. Disproportion was present and later fætal distress became obvious, so labour was terminated by a lower uterine segment cæsarean section. The wound was closed in layers and an abdominal drain left in position. A copious watery discharge came from the drainage tube though the temperature was not elevated. The dischafge gradually became more purulent, though there was no pyrexia. Intravenous glucose saline was administered on three occasions. The patient became pinched and ill looking and finally unconscious on 1/9/43. She died next morning. P.M. exam.—General peritonitis.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
Breech. Dystocia.	3784	35	1	В	40	S	SB
L.U.S. section.	Previo	ous history-	the patie	ent had scar	rlet fever in	infancy but	no other

Previous history—the patient had searlet fever in infancy but no other

illnesses of note.

The patient had been under the care of her own doctor from February, 1943, and paid 9 visits. She had been in good health during pregnancy except for some ædema of the legs in the last month. Labour was said

to have started on 10/10/43 and progressed slowly.

On admission, T. 97°, P.112, R. 20, B.P. 115/70. There was some edema of the ankles. The presentation was found to be a breech and there seemed to be some disproportion between the breech and the pelvis. An intravenous glucose drip was administered shortly after admission. 11 hours after admission a lower uterine segment cæsarean section was performed. The child showed no signs of life. The abdomen was drained. Two days after delivery the temperature was 100° and the pulse rapid. M. and B. 693 was given from the time of operation. Intermittent pyrexia continued and on 21/10/43 (8th day of puerperium) there was a post-partum hæmorrhage. Érgometrine was given and then a blood transfusion, followed by a pint of plasma. The patient's condition improved after this. Next day there was a foul-smelling, black, vaginal discharge. She seemed to improve slowly and the abdominal drainage sinus became clearer, but on 28/10/43 her condition began to deteriorate. On 30/10/43 there was much abdominal distension but an enema relieved this condition slightly, though it recurred next day. Her condition became steadily worse and her temperature varied between  $102^{\circ}$  and  $100 \cdot 2^{\circ}$ . She died on 2/11/43.

P.M. exam.—Endometritis. Peritonitis.

Eclampsia. Surg. ind. Bougies. Sepsis.

Sepsis.

3794 33 & SB

Previous history—nothing of note. L.M.P., 13/2/43. The patient had been under the care of her own doctor. Swelling of the ankles was first noted 3 weeks before admission. She had no headaches. The patient had been confined to bed for a week before admission.

On admission, T. 97°, P. 104, R. 24, B.P. 194/125. Albuminuria was noted. The patient's face was a little puffy. There was pitting on pressure over the abdominal wall, but no cedema of the legs. The blood pressure settled to 156/110 the day following admission but varied a bit thereafter. On 24/10/43, B.P. 170/106. Esbach  $\frac{3}{4}$  parts, and the edema was increasing. Next day, after an intravaginal douche, bougies were inserted and the vagina packed. Seven hours later the patient suffered an eclamptic seizure followed by another 10 minutes later. Morphine, gr.  $\frac{1}{4}$ , was given. The patient remained in coma for about an hour. Morphine was repeated at 1.30 a.m. on 26/10/43. Her condition was not good and later in the day her respirations were slow and stertorous—T. 100°, P. 120, R.20. The cedema was much increased and her face was cyanosed. The vaginal packing was changed on 27/10/43—T.  $100\cdot2^{\circ}$ , P. 90, R. 18. The patient's general condition was much the same. The packing and bougies were removed, and as the cervical os was half dilated the membranes were ruptured. Labour commenced at 2.30 a.m. next day. The urinary secretion had practically ceased, so 200 c.cs. 50 per cent. glucose were given intravenously. Delivery of still-born twins occurred spontaneously at 6.25 a.m. and 7.30 a.m. T. 101, P. 160, R. 28. Next day the

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Nature of Case.	Reg. No.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.		
	On 30/1 The pat 31/10/43 P.M.	definitions, 9 $0/43$ , T. 10 ient becam 3.	00 c.cs. 20 93°, P. 15 le comatos	per cent. g 6, R. 24. se in even	glucose was Right-sided ing and di	T. 103°, P. 1 given intra l parotitis d ed at 1.48 ns. Uterin	venously. eveloped. a.m. on		
Septic abortion.	3912	222	1	В	9	S	,		
	Previous history—no previous fevers or operations.  History of pregnancy.—The patient was uncertain of the date of he last period but thought it was in the middle of August. She ha apparently been well till the day before admission when she develope lower abdominal pain and some blood-stained discharge. During the night she passed several blood clots and still had abdominal pain.  On admission, T. 97°, P. (?), R. 30. The patient was very ill and shocked looking and was slightly cyanotic. The lower half of the abdomen was tender and rigid. No treatment was instituted and no further examination made because of her poor general condition. She died 2\frac{3}{4} hours after admission.  P.M. exam.—Hæmorrhage into tubes and broad ligament. Uteru								
	necrotis.	Hæmorrh	age into le	eft suprarer	nal.	i ngament.	Uterus		
Cæsarean section. Peritonitis.	The patient had had no illness of note, and no operations except a cæsarean section with her first pregnancy.  Obstetric history—1921, normal pregnancy but delivery terminated by cæsarean section; 1927, 1928, 1929, 1930 and 1934 normal full-time deliveries; 1936, delayed labour and forceps delivery of still-born child in hospital.  The patient had enjoyed good health throughout pregnancy and had attended a public health department ante-natal clinic on 12 occasions from July, 1943. Labour commenced on 13/11/43 at 3 p.m. The membranes had ruptured 9 hours previously. At 7.45 p.m. a message was sent to the hospital for the outdoor staff to conduct the confinement. A student and nurse arrived at the house at 8.20 p.m. The head was diagnosed as presenting in the L.O.A. position, and it was still free above the brim. The outdoor resident went to see the patient about midnight and found the head free and the cervix half-a-crown dilated. D.C. was 4½ ins. Morphine, gr. ½, was given and she was brought into hospital.  On admission, T. 98.4°, P. 94, R. 20, B.P. 140/90. Labour pains were of moderate quality and were occurring every 5 minutes. Labour did not progress satisfactorily and 12 hours later the head was impacted at the brim. There were signs of fœtal distress. The cervix had not dilated any more than on the first examination. It was rigid. A lower uterine segment cæsarean section was then performed. The child was asphyxiated and did not respond to resuscitation. Following operation the patient's condition was good though her pulse and temperature were variable.								

Nature of Case. Re	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.

The pulse and temperature at that time were 120 and 100·8°. M. and B. 693 had been given from the second day of the puerperium. There was also bronchitis present. On 23/11/43 (8th day of puerperium) a small sinus appeared at the lower end of the wound. Foul-smelling pus was discharged. This sinus continued to discharge. On 25/11/43, Hb. 38 per cent. and R.B.C. 2,000,000. It was thought inadvisable at that time to give a blood transfusion. The temperature was now remittent but the pulse rate varied between 100 and 120. The patient gradually weakened and it was decided on 2/12/43 that a blood transfusion should be given. However, the patient was "in extremis" and died some hours later.

P.M. exam.—Peritonitis. Pelvic abscess.

Hydramnios. Pyelonephritis. Pulmonary embolism.

1676

Previous history—there were no fevers, operations or other illnesses

Obstetric history—there were 5 previous full-time spontaneous births in 1925, 1928, 1930, 1932 and 1935. The patient's health was good during

The patient had been under the care of her own doctor and was in good health till two weeks before admission when she developed continuous vomiting. The vomiting bore no relationship to meals. Epigastric pain

was present for two weeks. The bowels had been moving regularly. On admission, T. 98.6°, P. 114, R. 20. The patient appeared dehydrated; the skin was dry and the lips bright red in colour. There was no definite abdominal tenderness though the patient complained of pain. There were some septic spots and scabies on the abdomen. Rectal salines were given shortly after admission and then in the evening an intravenous glucose drip was set up. The drip was continued till the following afternoon, 2,800 c.cs. in all being given. The glucose saline was stopped because the patient took a severe rigor at 4.30 p.m. At 5.15 p.m. she became very restless and complained of severe lumbar pain. At 8 p.m. morphine, gr.  $\frac{1}{4}$ , was given. Next morning at 4.30 a.m. she took a severe rigor and complained of pain in the chest. She died 30 minutes

P.M. findings:—Left suprarenal cortex destroyed by hæmorrhage. small hæmorrhages in right gland. Kidney cortex broad and pale. Medulla injected and encroached on. Main pulmonary artery and several branches in right lung contained solid dark clot.

2603 Previous history—nothing of note.

Patient had been delivered at home by her own doctor with forceps.

SB

The placenta was expelled but the membranes were retained.

On admission, T. 98°, P. 140, R. 32. The patient was pale and shocked. There was a deep perineal tear. Morphine, gr. 1/4, was given shortly after admission and the patient slept, but at 5 a.m. she took a pain in the left side of her chest and then complained of general soreness. Her pulse became imperceptible and she died 5 minutes later.

P.M. exam.—Subendocardial hæmorrhages. Number of imfarcts in . both lungs.

B.B.O. Obstetric shock. Pulmonary embolism.

Nature of Case.	Reg.	Age.	Parity.	Category.	Maturity.	Pyrexia or Sepsis.	Child.
C.P. Breech with	2814	35	2	A	40		A
extended legs. L.U.S. cæsarean	Obste		—3 month	s' abortion,	February, ent ante-na		22/6/43

section. Pulmonary

embolism.

She had been attending her own doctor since January, 1943. She visited the clinic four times and was admitted to hospital on 13/7/43 because of high blood pressure. The blood pressure was 148/90 but there was no albuminuria or symptoms. She had a contracted pelvis, D.C. 4 ins., and a breech presentation. She was dismissed on 16/7/43 and re-admitted on 30/7/43.

On admission, T. 98.0°, P. 80, R. 20. B.P. 140/90. There was no albuminuria or symptoms. Lower uterine segment cæsarean section was performed on 3/8/43. She was not in labour. A spinal (planocaine) anæsthetic was used. Progress thereafter was satisfactory. There was a slight rise in temperature to 99.2° on the fifth day of the puerperium, but this settled within a few hours, and her condition remained satisfactory. On 12/8/43 (9 days after delivery) at 5.10 p.m., while her bed was being made, she developed a sudden severe pain in the right side of the ehest and became very breathless and cyanosed. She vomited several times and then after a few minutes seemed to improve, but at 5.25 p.m. her condition became much worse and she died a few minutes later.

P.M. exam.—Pulmonary emboli in both lungs.

Previous section. Repeat classical cæsarean section. Paralytic ileus.

1841

Previous history—nothing of note.

Obstetrie history—1933, instrumental delivery of still-born child. Health poor during pregnancy. 1934, exsarean section because of disproportion. 1939, normal full-time spontaneous delivery.

The patient had been under the care of her own doctor and had enjoyed

good health except for some abdominal discomfort.

On admission, T. 98°, P. 108, R. 20. The patient seemed healthy and well. Labour commenced on 1/6/43 but the pains were of poor quality. Classical cæsarean section was performed in the evening under spinal Heavy adhesions were encountered between the old abdominal and uterine scars. Sterilisation was carried out. The pulse rate was increased after operation and remained so. Vomiting was present: on 4/6/43 in the evening, so pituitrin and flatus enemata were given... The gut was distended at this time. Next day the wound showed signs: of having given way and the distension was more marked. A continuous. duodenal drainage was set up. Next day, 6/6/43, the distension was not so marked and a laparotomy was performed and one heavy adhesion! divided. No cause of obstruction was noted. The patient died a few hours after laparotomy was performed.

P.M. exam.—Not granted.

Severe anæmia. Hydraemic nephritis. Splenomegaly. Mixed gall-stones.

D 1903 В

Previous history—no operations. Puerperal fever in 1940.

Obstetric history—6 previous full-time spontaneous deliveries with good health throughout pregnancy—1924-1934. In 1925 there had been a 3 months' abortion. In 1940, hypertensive toxæmia with spontaneous full-time birth followed by puerperal fever.

The patient's health had been good till two months before admission: when the hands and feet became swollen. There was also pain in the region below the 9th eostal eartilage. The pain radiated to the back and shoulder

blade.

Reg. Pyrexia or Nature of Case. Age. Child. Parity. Category. Maturity. Sepsis.

> On admission, T. 98.4°, P. 92, R. 20. The patient was obese and of small stature. There was slight edema of the ankles. B.P. 160/120. Albuminuria was noted. On 27/5/43, Hb. 61 per cent., R.B.C. 2,170,000, 450 c.cs. citrated blood given that day and classical cæesarean section and sterilisation carried out under spinal anæsthetic next day. Blood pressure at that time was 180/130, and Esbach, 10 parts; Blood urea was 50 mgm. On 30/5/43 blood urea was 79 mgm. There was much œdema, and jaundice was noted. She then began to improve slowly and was given anahæmin and iron. On 5/6/43 R.B.C. 1,100,000 Hb. 24 per cent. On 6/6/43 250 c.cs. of blood were transfused but stopped as the patient developed a severe rigor and 7 hours later she was unconscious and died 12 hours after the transfusion was commenced.

> P.M. exam.—Little differentiation between cortex and medulla of kidneys: 7 gall-stones present. No evidence of sepsis. No evidence of incompatibility in blood transfusion.

3034

Previous history—Diphtheria at 6 years of age. Nothing else of note. Obstetric history—nil.

The patient had been attending a Corporation clinic for 6 weeks. Her health had been good but for swelling of the ankles in the later months. Labour commenced at 11 a.m. on 12/8/43 and the district staff were sent for the next morning. She was visited by the outdoor resident at 4.35 p.m. and morphine, gr. 1/4, was given. She was admitted to hospital at 8 p.m. on 13/8/43.

On admission, T. 98·2°, P. 88, R. 22. She was in good condition but rather tired. The uterine contractions were poor and irregular. 900 c.cs. of 20 per cent. glucose was given intravenously at 10.30 p.m. Feetal distress developed and as the cervix was fully dilated delivery was completed by the forceps. The head was in mid pelvis. Four hours after delivery the patient became unconscious and the pupils were unequal. A cerebral thrombosis was diagnosed. She remained unconscious for some hours but recovered, and again became unconscious in the evening. She remained in that state till she died next day at 2.40 p.m.

P.M. exam.—Gross pulmonary ædema. Cerebral softening, in area size of egg, in left occipital region. Surrounding vessels thrombosed.

## NOT PREGNANT.

Previous history—nothing of note.

Obstetric history—not obtained but patient had a previous full-time child. The patient had apparently been seriously ill for some days before admission and was sent in by her doctor as a case of early pregnancy with a threatened miscarriage.

On admission, T. 101.6°, pulse uncountable, R. 24. The patient was "in extremis" and died shortly after admission. Examination showed a distended and tender abdomen—the patient screamed with pain on the

abdomen being touched.

P.M. exam.—Liver—Small superficial abscesses on anterior surface. Section—normal. General peritonitis and free purulent fluid (2 pints). Uterus—normal size and appearance. Bilateral tubo-ovarian abscess ovary seemed to be entirely destroyed on left side.

Bilateral tubovarian abscess. Generalised peritonitis.

Not pregnant.

### STILL-BIRTHS AND NEO-NATAL DEATHS.

## 1. Still-births.

The total number of still-births in the indoor cases during the year was 326. Since the total number of viable children born was 3,443, the incidence of still-births was 9.5 per cent.

Cause of Still-birth.	N	o. of Case	es.	- Totals.	
	$\begin{array}{ c c c }\hline Under \\ 4\frac{1}{2} lbs. \\\hline \end{array}$	Under $5\frac{1}{2}$ lbs.	$\frac{5\frac{1}{2} \text{ lbs.}}{\text{\& over.}}$	Totals.	
Mixed & concealed accidental hæmorrhage Hypertensive toxæmia Fætal deformities Breech (13 manual deliveries, 3 spontaneous	11 9 29	3 4 3	15 18 22	29 31 54	
deliveries)	$ \begin{array}{c c} 2 \\ 5 \\ 17 \\ \hline 8 \\ 1 \\ 3 \end{array} $	3 5 —	14 15 12 11 7	16 23 34 11 15	
Placenta prævia F.F.O. (2 mid forceps, 1 destructive operation, 1 cæsarean section, 1 spontaneous delivery)	3	5 4 —	$\begin{bmatrix} 22 \\ 4 \end{bmatrix}$	$\begin{bmatrix} 28\\11 \end{bmatrix}$	
Delayed labour, forceps (1*low, 11 mid, 2 high) Delayed labour, destructive operations - External accidental hæmorrhage (1		1	14 2	14 3	
craniotomy C.P. (1 spontaneous, 1 mid and 3 high forceps, 2 cæsarean section, 3 destructive operations, 1 rupture of uterus)	7		4	11	
Placental separation with external version Impacted shoulders (vertex presentation) Ruptured umbilical versel Asphyxia (cord tightly round neck) - Syphilis Late vomiting		— — — —	$ \begin{array}{c} 14 \\ 2 \\ 1 \\ 1 \\ - \\ 2 \end{array} $	14 2 1 1 2 1	
Diabetes Occipito-posterior (1 spontaneous, 2 mid forceps and 2 destructive operations Pyelitis	$\begin{array}{c} 2 \\ - \\ 2 \\ - \\ - \\ 3 \end{array}$		$ \begin{array}{c} 2 \\ 1 \\ 5 \\ \hline 1 \\ 1 \\ 2 \end{array} $	2 3 5 2 1 1 6	
Totals	101	29	196	326	

140 infants (42·9 per cent.) were under  $5\frac{1}{2}$  lbs. weight.

104 still-births were in Category A and 222 in Category B. Since there were 1,675 births in Category A and 1,768 in Category B, the still-birth rates are 6·21 per cent. and 12·56 per cent. respectively.

### 2. Neo-natal Deaths.

The total number of neo-natal deaths was 191. The number of live-born children being 3,117, this gives an incidence of neo-natal death of 6·1 per cent. The number of viable births being 3,443, this gives an incidence of neo-natal death of 5·3 per cent. (compared with 9.5 per cent. for still-births).

The table is drawn up to correlate cause of death, maternal condition or mode of delivery and infant weight.

Clause of Death		Ch	ild Weig	ht.		
Cause of Death.	Presentation, Maternal Condition, or Mode of Delivery.	Under $4\frac{1}{2}$ lbs.	Under $5\frac{1}{2}$ lbs.	5½ lbs. & over.	Total. A	В
Prematurity and/or Atelectasis	Premature labour	17 14 5 13 3 2 5 2 2 2	3 6 1 4 - - -	- 1 2 - 1 - 1	$\begin{bmatrix} 20 & 2 \\ 20 & 7 \\ 7 & 2 \\ 19 & 5 \\ 3 & - \\ 2 & - \\ 6 & 1 \\ 2 & - \\ 1 & 1 \end{bmatrix}$	18 13 5 14 3 2 5 2 2
Cerebral birth injury	Breech	63	14 — — 1	5 3 1 —	82 18 3 1 3 — 1 1 1 — 1 —	64 2 3 - 1 1
Cerebral hæmorrhage	Hyp. toxæmia		1	7 2  2 3 1 1 	9 2 2 1 3 1 3 2 3 1 1 1 1 2	7 1 2 1 2 - 1 2
Deformities	Various	3	4.	9 8	15 6 11 4	9
Pneumonia	Hyp. toxemia Cæs. section (C.P.)	$\begin{bmatrix} 1 \\ -1 \\ - \\ 2 \end{bmatrix}$	11	1 1 2	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	2 - 1 - 3

		Cl	ild Weig	ht.	
Cause of Death.	Presentation, Maternal Condition, or Mode of Delivery.	Under $4\frac{1}{2}$ lbs.	Under $5\frac{1}{2}$ lbs.	$\frac{5\frac{1}{2} \text{ lbs.}}{\text{\& over.}}$	Total. A B
Alimentary tract stenosis	Various	_	2	1	3 2 1
Congenital heart disease	1 Hypertensive toxæmia -			1	1 1 —
Syphilis	Spontaneous	2	1		3 — 3
Multiple hæmorrhages	Breech (manual)	_   1   1   -	_ _ _ 1	<u>2</u> 	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Meningitis (B. coli.)	Hypertensive toxæmia	2	1	2	5 — 5 1 — 1
Rupture of Liver	Breech (manual) Prem. labour	1		1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Lung abscess	Normal	1		1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Biliary atresia	Cæs. section (1 Hyp. tox., 1 anæmia) -	_		2	2 — 2
Respiratory infection (?) influenza	Various	19	16	16	51 21 30
	Grand totals	96	41	54	191 57 134

64 infants (33.5 per cent.) died within 24 hours of delivery.

137 infants (71·7 per cent.) were under  $5\frac{1}{2}$  lbs. (the international standard of prematurity.).

There were 57 neo-natal deaths in Category A and 134 in Category B. This gives a rate of  $3\cdot40$  per cent. and  $7\cdot58$  per cent. respectively.

## INFLUENZAL DEATHS.

Early in October, 1943, it was noted that the premature and weakly children were falling victims to an acute illness which suggested a respiratory origin. This infection persisted during the last quarter of the year and was first noted at the time when influenza was rife in the general adult population. The infant infection was concluded to be influenzal in origin. This conclusion was reached after intensive investigation, both bacteriological and pathological. Staphylococcus aureus was found repeatedly in blood cultures, lung puncture specimens, and pyæmic lung abscesses. The staphylococcus has been shown to be a secondary invading organism in influenzal infections.

The associated diseases or injuries of the children and their weights are appended:—

	Chi	ld Weigh	t.			•
Associated Condition.	Under $4\frac{1}{2}$ lbs.	Under $5\frac{1}{2}$ lbs.	$5\frac{1}{2}$ lbs. & over.	Total.	Α.	В.
Nil			8	8	3	
Prematurity Cerebral birth injury or	18	13	_	31	13	18
cerebral hæmorrhage -	1	2	5	8	2	6
Multiple birth injuries -		_	1	1	1	
Enteritis			1	1	1	
Cellulitis of neck			1	1	1	
Mongol		1	<del>-</del>	1		1
Totals	19	16	16	51	21	30

## PUERPERAL FEVER AND PUERPERAL PYREXIA.

The following tables have been prepared from the records of hospital cases who developed fever or puerperal pyrexia while in the wards.

The standard used was that of the Department of Health which defines puerperal pyrexia as any febrile condition (other than a condition which is required to be notified as puerperal fever) occurring in a woman within 21 days after child-birth or miscarriage, in which a temperature of 100·4 F. or more has been sustained during a period of 24 hours or has recurred during that period. In order to obtain more accurate figures, elevations of temperature occurring immediately after delivery, miscarriage, or abortion are included, and all temperatures have been taken from four-hourly records.

The puerperal sepsis table gives the distribution of cases in the two categories and indicates the mode of delivery in the cases in which sepsis was found.

Details of the cases who died of puerperal sepsis in the hospital are to be found in the section on maternal deaths.

There were 29 cases of puerperal sepsis transferred to Isolation Hospitals. A table has been made showing mode of delivery and the ultimate result in these cases.

Puerperal Sepsis and Pyrexia.

Wade of Deliner	Sepsis.		Pyrexia.		
Mode of Delivery.	Cat. A.	Cat. B.	Cat. A.	Cat. B.	Total.
Spontaneous	10	6	25	36	77
Forceps	6	4	$\overline{15}$	8	33
Cæsarean section	1	i 6	17	18	42
Manual delivery	1	1	3	$\frac{1}{2}$	7
Destructive operation	1	6			7 7
B.B.O	1	4		3	8
Miscarriage, abortion, and					
mole		8		2	10
Rupture of uterus	1			_	1
Manual removal of placenta -	4	7		3	14
F.F.O. (2 forceps, 1 cæsarean,				Ü	
section, 1 spontaneous) -	_	4			4
Post-partum hæmorrhage -	_	1	_		$\tilde{1}$
Hysterotomy				3	3
· ·				Ű	
Totals	25	47	60	75	207

# Cases of Sepsis Transferred to Isolation Hospitals.

		Res	ult.	
Nature of Case.		Recovered.	Died.	Total.
Delayed labour, forceps Dystocia, destructive operation F.F.O. (spontaneous) Abortion and miscarriage - Spontaneous		5 1 3 9 5 1		5 3 1 3 10 5 1
Totals	-	26	3	29

Pyrexia. Category A.

Abscess.				
Tuberculosis.	-			
Enteritis.				
.suəII				-
Endocarditis.	-			
Tonsillitis.	4	4		-
Phlebitis.	-	_		
Respiratory.	114	9		w
Urinary.	<u> </u>	16		<u> </u>
Mastitis.	ಣ – ಣ	7	B.	ro   es
sixəryT (monanu) (nigino	F 9 6 6 7	24	utegory	10 10 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	1 1 1	1	G	1 1 1 1 1 1
	1 1 1 1	1	exia	
		1	Pyn	1 1 1 1 1 1 1
ry.	1 1 1 1	1		
Delive	1 2 1 1	tals		
le of	t 1 t t	Tol		
Мос	1 1 1 1			
	Spontaneous - Forceps Cæsarean section Manual			Spontaneous
	(unknown origin).  Mastitis. Urinary. Respiratory. Phlebitis. Tonsillitis. Hadocarditis. Ileus. Ileus.	Node of Delivery.  Youngin).  Pyrexia (unknown origin).  Delivery.  Pyrexia (unknown origin).  Delivery.  Pyrexia (unknown origin).  Delivery.	Totals  Totals	Mode of Delivery.   State of Delivery.   State of Delivery.   Phiebitis.   Phiebi

ABORTIONS, MISCARRIAGES, AND MISSED ABORTIONS.

7 | 19

Totals

There were 353 cases admitted on account of incomplete, threatened, or missed abortion during the Of these, 30 were in Category A and 323 in Category B. year.

# MOLE

There were three cases of hydatidiform mole in the hospital during the year.

# APPENDIX.

This Appendix gives a résumé of the hospital statistics in the past ten years.

# INDOOR CASES.

# MATERNAL DEATHS.

Year	Admissions	Total Abnormals	Percentage of Abnormals	Year	Number	Percentage of Admissions	Per 1,000 Live Births
1934	4,528	3,081	68.0	1934	64	1.4	
1935	4,477	3,067	68.5	1935	81	1.8	
1936	4,717	3,346	70.9	1936	66	1.4	22.3
1937	4,724	3,578	75.7	1937	62	1.3	21.2
1938	4,816	3,611	74.2	1938	67	1.4	22.7
1939	4,502	3,498	77.7	1939	59	1.3	21.8
1940	4,354	3,367	77.3	1940	65	1.5	23.8
1941	4,379	3,306	75.5	1941	59	1.3	21.4
1942	4,574	3,222	70.5	1942	52	1.1	17.6
1943	4,794	3,259	68.0	1943	80	1.7	25.7

## STILL-BIRTHS.

# NEO-NATAL DEATHS.

Year	Total Number Still- births	Total Viable Children	Still-birth Rate per cent.	Total Number Deaths	Live Born Children	Death Rate per cent.	Deaths under 24 Hours	Combined Neo-natal and Still- birth Rate per cent. of Births
1934	422	3,224	13.1	200	2,802	7.2	83	19.3
1935	443	3,306	13.4	331	2,863	11-б	79	23.4
1936	436	3,389	12.8	258	2,953	8.7	106	20.4
1937	434	3,365	12.9	318	2,931	10.8	73	22.3
1938	436	3,387	12.9	148	2,951	<b>5.</b> 0	54	17.3
1939	421	3,236	13.0	215	2,815	7.6	78	19.6
1940	356	3,101	11.5	232	2,745	8.4	69	19.0
1941	333	3,094	10.8	287	2,761	10.4	82	20.1
1942	320	3,273	9.8	164	2,953	$5 \cdot 5$	88	15.2
1943	326	3,446	9.4	191	3,117	$6 \cdot 1$	64	15.0

# OUTDOOR SERVICE.

Year	Patients Attended	Children Born	Children Born Alive	Percentage Children Born Alive	Maternal Deaths
1934	4,472	4,703	4,597	97.8	4
1935	4,656	4,656	4,550	97.7	2
1936	4,724	4,543	4,457	98.1	1
1937	4,474	4,325	4,260	98.5	\
1938	4,544	4,386	4,302	98.5	I
1939	4,322	4,219	4,152	98.6	1
1940	4,174	4,138	4,044	97.7	6
1941	3,229	3,202	3,125	97.6	3
1942	2,834	2,799	2,733	93.7	
1943	3,756	2,751	2,698	98.1	

SEPSIS AND PYREXIA.

Year	SEP	SIS	Pyr	EXIA	Total
1. Gar	Cat. A	Cat. B	Cat. A	Cat. B	Total
1934	46	90	150	170	456
1935	40	73	96	124	333
1936	22	51	51	87	211
1937	6	42	71	124	243
1938	11	11	95	132	249
1939	14	36	73	104	227
1940	8	47	44	91	190
1941	17	40	46	63	166
1942	22	57	37	57	173
1943	25	47	60	75	207

Cases transferred to Isolation Hospitals and cases transferred to Municipal Hospitals by overflow arrangement:—

Year	CASES TO	Isolation	Hospitals	Overflow
Year	Recovered	Died	Total	cases
1934	No record	No record		1217
1935	No record	No record		760
1936	.14	6	20	651
1937	11	8	19	563
1938	26	3	29	343
1939	25	2	27	261
1940	25	2	27	301
1941	24	3	27	108
1942	31	3	34	96
1943	26	3	29	28

TEACHING.

The decrease in number of nurses enrolled from 1939 is due to the alteration in the C.M.B. rules.

Year	Students Enrolled	Nurses Enrolled
1934	187	298
1935	205	297
1936	225	271
1937	263	270
1938	291	278
1939	263	228
1940	293	144
1941	258	150
1942	194	184
1943	185	115





